

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003262

Entity Name: PATRIOT OAKS ACADEMY PTO, INC.**Current Principal Place of Business:**475 LONGLEAF PINE PARKWAY
ST. JOHNS, FL 32259**Current Mailing Address:**590 SADDLESTONE DRIVE
ST. JOHNS, FL 32259**FEI Number:** 46-5076349**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LILAC, ROBYN
590 SADDLESTONE DRIVE
ST. JOHNS, FL 32259 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LILAC, ROBYN
Address 590 SADDLESTONE DRIVE
City-State-Zip: ST. JOHNS FL 32259

Title VP
Name PERLMUTTER, JENNIFER
Address 1904 DUMFRIES COURT
City-State-Zip: ST. JOHNS FL 32259

Title VP
Name THOMPSON, DIANE
Address 536 SADDLESTONE DRIVE
City-State-Zip: ST. JOHNS FL 32259

Title TREASURER
Name PORTER, TONYA
Address 124 TELFORD DRIVE
City-State-Zip: ST. JOHNS FL 32259

Title RECORDING SECRETARY
Name SCISCO, STEPHANIE
Address 291 WILLOW WINDS PARKWAY
City-State-Zip: ST. JOHNS FL 32259

Title CORRESPONDING SECRETARY
Name DECARIA, AIMEE
Address 1641 FENTON AVENUE
 475 LONGLEAF PINE PARKWAY
City-State-Zip: SAINT JOHNS FL 32259

Title BUSINESS PARTNER COORDINATOR
Name POKELWALDT, ANN
Address 109 WOODLAND HILLS WAY
City-State-Zip: ST. JOHNS FL 32259

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TONYA PORTER**TREASURER****04/06/2016**

Electronic Signature of Signing Officer/Director Detail

Date