

2015 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:** Yes**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 MENDHEIM, AMY
Address 544 SADDLESTONE DRIVE
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 MAHNE, JENNIFER
Address 196 ISLESBROOK 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 NEUMAN, JENNIFER
Address 1113 ASHFIELD 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: AMY MENDHEIM**TREASURER****04/07/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date