

2017 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 CO-PRESIDENT
Name LILAC, ROBYN
Address 590 SADDLESTONE DRIVE
City-State-Zip: ST. JOHNS FL 32259

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

Title VP FUNDRAISING
Name SOWCIK, MARCUS
Address 213 TOLLERTON AVENUE
City-State-Zip: ST. JOHNS FL 32259

Title TREASURER
Name MOORE, STEVEN
Address 400 BUCKHEAD COURT
City-State-Zip: ST. JOHNS FL 32259

Title RECORDING SECRETARY
Name CADY, KRYSTAL
Address 164 WOODFIELD LANE
City-State-Zip: ST. JOHNS FL 32259

Title CORRESPONDING SECRETARY
Name MOORE, SUSAN
Address 36 EAGLES NEST LANE
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

Title CO-PRESIDENT
Name STEWART, STEPHANIE
Address 118 AVERLEY WAY
City-State-Zip: ST. JOHNS FL 32259

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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 M. PORTER**CURRENT TREASURER****04/04/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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