

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000007783

**Entity Name:** SPLIT OAK ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 06, 2023**  
**Secretary of State**  
**3938131866CC**

**Current Principal Place of Business:**

C/O AVID PROPERTY MANAGEMENT, INC.  
2906 BUSCH LAKE BLVD  
TAMPA, FL 33614

**Current Mailing Address:**

C/O AVID PROPERTY MANAGEMENT, INC.  
2906 BUSCH LAKE BLVD  
TAMPA, FL 33614 US

**FEI Number:** 82-2314943

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AVID PROPERTY MANAGEMENT INC,  
C/O AVID PROPERTY MANAGEMENT, INC.  
2906 BUSCH LAKE BLVD  
TAMPA, FL 33614 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:** AVELINO VIDE

04/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HAWKINS, CHIP  
Address        C/O AVID PROPERTY MANAGEMENT,  
                  INC.  
                  2906 BUSCH LAKE BLVD  
City-State-Zip: TAMPA FL 33614

Title            TREASURER  
Name            MILLER, DOUGLAS  
Address        C/O AVID PROPERTY MANAGEMENT,  
                  INC.  
                  2906 BUSCH LAKE BLVD  
City-State-Zip: TAMPA FL 33614

Title            DIRECTOR  
Name            THOMAS, BEVERLY JR.  
Address        C/O AVID PROPERTY MANAGEMENT,  
                  INC.  
                  2906 BUSCH LAKE BLVD  
City-State-Zip: TAMPA FL 33614

Title            VP  
Name            WEBB, LYNNE  
Address        C/O AVID PROPERTY MANAGEMENT,  
                  INC.  
                  2906 BUSCH LAKE BLVD  
City-State-Zip: TAMPA FL 33614

*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:** CHIP HAWKINS

PRESIDENT

04/06/2023

Electronic Signature of Signing Officer/Director Detail

Date