

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27288

Entity Name: OAKBROOK PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**205 WALER WAY, SUITE 5
SAINT AUGUSTINE, FL 32086**Current Mailing Address:**205 WALER WAY SUITE 5
ST AUGUSTINE, FL 32086 US**FEI Number:** 59-2943057**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLIANCE REALTY AND MANAGEMENT
205 WALER WAY SUITE 5
ST AUGUSTINE, FL 32086 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:** CINDY CHAPMAN

01/22/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MAXWELL, HARRY
Address 205 WALER WAY SUITE 5
City-State-Zip: ST AUGUSTINE FL 32086

Title TREASURER
Name LEMROW, THOMAS
Address 205 WALER WAY SUITE 5
City-State-Zip: ST AUGUSTINE FL 32086

Title VP
Name WALER , RICHARD
Address 205 WALER WAY SUITE 5
City-State-Zip: ST AUGUSTINE FL 32086

Title SECRETARY
Name MITCHELL, DAYNA
Address 205 WALER WAY SUITE 5
City-State-Zip: ST AUGUSTINE FL 32086

Title DIRECTOR
Name TAYLOR, JEREMY DANE
Address 205 WALER WAY SUITE 5
City-State-Zip: ST AUGUSTINE FL 32086

Title MANAGER
Name CHAPMAN, KRISTEN
Address 205 WALER WAY SUITE 5
City-State-Zip: ST AUGUSTINE FL 32086

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: KRISTEN CHAPMAN

MANAGER

01/22/2020

Electronic Signature of Signing Officer/Director Detail

Date