

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43736

**FILED  
Mar 18, 2017  
Secretary of State  
CC3713350681**

**Entity Name:** SECRET OAKS SUBDIVISION OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

16 PALMETTO AVENUE  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

1160 SECRET OAKS PLACE  
FRUIT COVE, FL 32259 US

**FEI Number: 59-3110890**

**Certificate of Status Desired: No**

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

DOBSON, GEOFFREY B  
16 PALMETTO AVENUE  
ST. AUGUSTINE, FL 32080 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           DIRECTOR  
Name           GILLEAN, MICHAEL A  
Address        1183 SECRET OAKS PL  
City-State-Zip: JACKSONVILLE FL 32259

Title           TREASURER  
Name           THIBODEAU, BRYAN H  
Address        1160 SECRETS OAKS PLACE  
City-State-Zip: JACKSONVILLE FL 32259

Title           SECRETARY  
Name           MAGILL, WILLIAM J.  
Address        1161 SECRET OAKS PLACE  
City-State-Zip: JACKSONVILLE FL 32259

Title           VP  
Name           VOGEL, RAYMOND  
Address        1050 SECHET OAKS PL  
City-State-Zip: JACKSONVILLE FL 32259

Title           PRESIDENT  
Name           WALTON, TOM  
Address        1142 SECRET OAKS PL  
City-State-Zip: FRUIT COVE 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: BRYAN H THIBODEAU**

**TREASURER**

**03/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date