

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G92477

Entity Name: OAK WOOD ASSOCIATES, INC.**Current Principal Place of Business:**4028 ROLLING OAKS DRIVE
WINTER HAVEN, FL 33880**Current Mailing Address:**4028 ROLLING OAKS DRIVE
WINTER HAVEN, FL 33880 US**FEI Number:** 59-2423750**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHILTON, ROBERT C
245 S. CENTRAL AVE.
BARTOW, FL 33830 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	DS
Name	MANOR, PATRICK G
Address	4176 ROLLING OAKS DRIVE
City-State-Zip:	WINTER HAVEN FL 33880

Title	PRESIDENT
Name	STRUCK, JANADINE E
Address	4089 ROLLING OAKS DRIVE
City-State-Zip:	WINTER HAVEN FL 33880

Title	VP
Name	TOBIAS, MARK L
Address	4554 REDWOOD STREET
City-State-Zip:	WINTER HAVEN FL 33880

Title	DIRECTOR
Name	KENNEDY, HARRY W JR.
Address	4826 REDWOOD STREET
City-State-Zip:	WINTER HAVEN FL 33880

Title	DT
Name	ANDERSON, DENNIS
Address	4054 ROLLING OAKS DR.
City-State-Zip:	WINTER HAVEN FL 33880

Title	DIRECTOR
Name	FOOTE, ROBERT JAMES
Address	4548 REDWOOD STREET
City-State-Zip:	WINTER HAVEN FL 33880

Title	DIRECTOR
Name	BATES, CLINTON
Address	4099 ROLLING OAKS DRIVE
City-State-Zip:	WINTER HAVEN FL 33880

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK L TOBIAS

VP

03/07/2019

Electronic Signature of Signing Officer/Director Detail_____
Date