

2018 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**FEI Number:** 59-2423750**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STAMBAUGH, ROBERT J
99 SIXTH STREET SW
WINTER HAVEN, FL 33880 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 PRESIDENT
Name WARNE, NORMA H
Address 4009 ROLLING OAKS DRIVE
City-State-Zip: WINTER HAVEN FL 33880

Title DS
Name MANOR, PARICK G
Address 4354 CHERRYWOOD 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 STRUCK, JANADINE E
Address N9665 DARBOY DRIVE
City-State-Zip: APPLETON WI 54915

Title 1ST VICE PRESIDENT
Name MARINO, BRIAN J
Address 4039 ROLLING OAKS DRIVE
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 2ND VICE PRESIDENT
Name WARD, MICHAEL L
Address 4700 DOGWOOD STREET
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: NORMA H. WARNE**PRESIDENT****03/06/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date