

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S88852

**FILED**  
**Jan 23, 2020**  
**Secretary of State**  
**3619266122CC**

**Entity Name:** THE OAKS, PHASE II, INC.

**Current Principal Place of Business:**

4439 CHIMING LANE  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

4439 CHIMING LANE  
ROCKLEDGE, FL 32955 US

**FEI Number:** 59-3093433

**Certificate of Status Desired:** No

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

KIRSNER, MARVIN A  
5100 TOWN CENTER CIR.  
SUITE 400  
BOCA RATON, FL 33486 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	PDT
Name	KIRSNER, STEVEN A
Address	4439 CHIMING LANE
City-State-Zip:	ROCKLEDGE FL 32955
Title	D
Name	KIRSNER, RONALD M
Address	5100 TOWN CENTER CIR. #400
City-State-Zip:	BOCA RATON FL 33486
Title	D
Name	GOLDBERG, DIANE K
Address	5100 TOWN CENTER CIR #400
City-State-Zip:	BOCA RATON FL 33486

Title	VSD
Name	KIRSNER, MARVIN A
Address	5100 TOWN CENTER CIR. #400
City-State-Zip:	BOCA RATON FL 33486
Title	D
Name	KIRSNER, HARRY M
Address	5100 TOWN CENTER CIR #400`
City-State-Zip:	BOCA RATON FL 33486

*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:** MARVIN A. KIRSNER

VP

01/23/2020

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

\_\_\_\_\_  
Date