# **DOCUMENT# 758934**

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: WATER OAK HOMEOWNERS ASSOCIATION, INC.

# **Current Principal Place of Business:**

11555 CENTRAL PARKWAY SUITE 801 JACKSONVILLE, FL 32224

# **Current Mailing Address:**

C/O FIRST COAST ASSOCIATION MANAGEMENT 11555 CENTRAL PARKWAY SUITE 801 JACKSONVILLE, FL 32224 US

# FEI Number: 59-2102121

### Name and Address of Current Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT C/O FIRST COAST ASSOCIATION MANAGEMENT 11555 CENTRAL PARKWAY SUITE 801 JACKSONVILLE, FL 32224 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                 | : MARGARET STOREY, CFO  |                 |   | 03/03/2022 |  |  |
|---------------------------|---|-----------------|---|------------|--|--|
|                           | Electronic Signature of Registered Agent  |                 |   | Date       |  |  |
| Officer/Director Detail : |   |                 |   |            |  |  |
| Title                     | TREASURER   | Title           | SECRETARY   |            |  |  |
| Name                      | CHANDLER, WARREN  | Name            | VANDERSCHOOT, FRANK   |            |  |  |
| Address                   | 11555 CENTRAL PARKWAY<br>SUITE 801  | Address         | 11555 CENTRAL PARKWAY<br>SUITE 801  |            |  |  |
| City-State-Zip:           | JACKSONVILLE FL 32224   | City-State-Zip: | JACKSONVILLE FL 32224   |            |  |  |
| Title                     | DIRECTOR  | Title           | PRESIDENT   |            |  |  |
| Name                      | RUSSELL, STEVE  | Name            | GRAHAM, ROBERT  |            |  |  |
| Address                   | 11555 CENTRAL PARKWAY<br>SUITE 801  | Address         | 11555 CENTRAL PARKWAY<br>SUITE 801  |            |  |  |
| City-State-Zip:           | JACKSONVILLE FL 32224   | City-State-Zip: | JACKSONVILLE FL 32224   |            |  |  |
| Title                     | DIRECTOR  | Title           | DIRECTOR  |            |  |  |
| Name                      | GREENWOOD, ALLISON  | Name            | ABBOUD, EDUARDO   |            |  |  |
| Address                   | C/O FIRST COAST ASSOCIATION<br>MANAGEMENT<br>11555 CENTRAL PARKWAY SUITE<br>801 | Address         | C/O FIRST COAST ASSOCIATI<br>MANAGEMENT<br>11555 CENTRAL PARKWAY S<br>801 | -          |  |  |
| City-State-Zip:           | JACKSONVILLE FL 32224   | City-State-Zip: | JACKSONVILLE FL 32224   |            |  |  |
|                           |   |                 |   |            |  |  |

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: ROBERT GRAHAM |   | PRESIDENT | 03/03/2022 |
|--------------------------|---|-----------|------------|
|                          | Electronic Signature of Signing Officer/Director Detail |           | Date       |

FILED Mar 03, 2022 Secretary of State 5191008594CC

Certificate of Status Desired: No

#### Date