

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766539

Entity Name: TOWN OAKS HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**C/O COASTAL PROPERTY MGMT
10 CENTRAL PARKWAY STE 400
STUART, FL 34994**Current Mailing Address:**C/O COASTAL PROPERTY MGMT
10 CENTRAL PARKWAY STE 400
STUART, FL 34994 US**FEI Number:** 59-2566901**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIELDS & BACHOVE, PLLC
4440 PGA BLVD. SUITE 308
PALM BEACH GARDENS, FL 33410 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:** GARY FIELDS

03/12/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WEISS-STITZER, JILL
Address C/O COASTAL PROPERTY MGMT
 10 CENTRAL PARKWAY STE 400
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name STACK, RICK
Address C/O COASTAL PROPERTY MGMT
 10 CENTRAL PARKWAY STE 400
City-State-Zip: STUART FL 34994

Title TREASURER
Name PANCHOT, LOGAN
Address C/O COASTAL PROPERTY MGMT
 10 CENTRAL PARKWAY STE 400
City-State-Zip: STUART FL 34994

Title VP
Name MILLER, CHET
Address C/O COASTAL PROPERTY MGMT
 10 CENTRAL PARKWAY STE 400
City-State-Zip: STUART FL 34994

Title SECRETARY
Name OSSWALD-BURKE, CARRIE
Address C/O COASTAL PROPERTY MGMT
 10 CENTRAL PARKWAY STE 400
City-State-Zip: STUART FL 34994

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: JILL WEISS-STITZER

PRESIDENT

03/12/2025

Electronic Signature of Signing Officer/Director Detail

Date