

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004614

Entity Name: THE COTTAGES AT OAKLEAF CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 17, 2017
Secretary of State
CC4036709586**Current Principal Place of Business:**7400 BAYMEADOWS RD
SUITE 317
JACKSONVILLE, FL 32256**Current Mailing Address:**7400 BAYMEADOWS RD
SUITE 317
JACKSONVILLE, FL 32256 US**FEI Number: 20-1050699****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT CONCEPTS OF JACKSONVILLE, INC
7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256 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: NICHOLAS LAMBIASE JR****01/17/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	TINSLEY, SHAWN
Address	7400 BAYMEADOWS RD SUITE 317
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP
Name	RAMOS, TIFFANY
Address	7400 BAYMEADOWS RD SUITE 317
City-State-Zip:	JACKSONVILLE FL 32256

Title	TREASURER
Name	MCCLAREN, DEVERE E
Address	7400 BAYMEADOWS RD SUITE 317
City-State-Zip:	JACKSONVILLE FL 32256

Title	SECRETARY
Name	MOLNAR, SHARON
Address	7400 BAYMEADOWS RD SUITE 317
City-State-Zip:	JACKSONVILLE FL 32256

Title	DIRECTOR
Name	PECHILLO, RICHARD
Address	7400 BAYMEADOWS WAY SUITE 317
City-State-Zip:	JACKSONVILLE FL 32256

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: SHAWN TINSLEY**PRESIDENT****01/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date