2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004614

Entity Name: THE COTTAGES AT OAKLEAF CONDOMINIUM ASSOCIATION,

INC.

FILED
Jan 28, 2013
Secretary of State
CC0338058775

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 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:

Electronic Signature of Registered Agent Date

Name

CRANCE, MICHELLE

Officer/Director Detail:

Title VP, TREASURER Title F

Name BURNS, DIANE Name HEGGOOD, DAVID

Address 7400 BAYMEADOWS RD Address 7400 BAYMEADOWS WAY #317

SUITE 317 City-State-Zip: JACKSONVILLE FL 32256

City-State-Zip: JACKSONVILLE FL 32256

Title OFFICER Title SECRETARY

Name SINGLETON, SHIRLEY
Address 7400 BAYMEADOWS RD

Address 7400 BAYMEADOWS RD SUITE 317

SUITE 317

City-State-Zip: JACKSONVILLE FL 32256

Title OFFICER

Name KIMBERLY , HERBERT Name KIMBERLY , HERBERT

Address 7400 BAYMEADOWS RD Address 7400 BAYMEADOWS RD SUITE 317

7400 BAYMEADOWS RD SUITE 317 SUITE 317

City-State-Zip: JACKSONVILLE FL 32256

Title OFFICER
Name PAT, JAFFE

Address

Name DAT IAFFF

7400 BAYMEADOWS RD 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: DIANE BURNS VP 01/28/2013