

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005795

**Entity Name:** FIVE OAKS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 17, 2021**  
**Secretary of State**  
**4556659593CC**

**Current Principal Place of Business:**

4213 COUNTY ROAD 218  
SUITE 1  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

4213 COUNTY ROAD 218  
SUITE 1  
MIDDLEBURG, FL 32068 US

**FEI Number: 58-2675951**

**Certificate of Status Desired: No**

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

AWAKENINGS ASSOCIATION MANAGEMENT INC  
4213 COUNTY ROAD 218, SUITE 1  
MIDDLEBURG, FL 32068 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:** VINA C DELCOMYN

02/17/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name ALLEN, VICKI  
Address 4213 COUNTY ROAD 218, SUITE 1  
City-State-Zip: MIDDLEBURG FL 32068

Title PRESIDENT  
Name JOHNSON, RUSSELL  
Address 4213 COUNTY ROAD 218, SUITE 1  
City-State-Zip: MIDDLEBURG FL 32068

Title SD  
Name LARGE, RENEE  
Address 4213 COUNTY ROAD 218 SUITE 1  
City-State-Zip: MIDDLEBURG FL 32068

Title TD  
Name DEZSI, MIKE  
Address 4213 COUNTY ROAD 218, SUITE 1  
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR  
Name BERLINO, DEBBIE  
Address 4213 COUNTY ROAD 218, SUITE 1  
City-State-Zip: MIDDLEBURG FL 32068

*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:** JOHNSON , RUSSELL

**PRESIDENT**

02/17/2021

Electronic Signature of Signing Officer/Director Detail

Date