

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006704

Entity Name: THE OAKS BUSINESS CENTER CONDOMINIUM OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**150 HILDEN ROAD, STE 300
PONTE VEDRA, FL 32081**Current Mailing Address:**150 HILDEN ROAD, STE 300
PONTE VEDRA, FL 32081 US**FEI Number: 20-5413194****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JOHNSON, MIKE
150 HILDEN ROAD, STE 300
PONTE VEDRA, FL 32081 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**Officer/Director Detail :**

Title	P
Name	JOHNSON, MIKE
Address	150 HILDEN ROAD STE 300
City-State-Zip:	PONTE VEDRA FL 32081

Title	VP
Name	OLIVER, HENRY H
Address	150 HILDEN ROAD STE 300
City-State-Zip:	PONTE VEDRA FL 32081

Title	TREASURER, SECRETARY
Name	ROHNER, ROBERT
Address	150 HILDEN ROAD STE 300
City-State-Zip:	PONTE VEDRA FL 32081

Title	DIRECTOR
Name	POWERS, ALEX
Address	150 HILDEN ROAD STE 300
City-State-Zip:	PONTE VEDRA FL 32081

Title	DIRECTOR
Name	FORTINI, MARCO
Address	150 HILDEN ROAD STE 300
City-State-Zip:	PONTE VEDRA FL 32081

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: MIKE JOHNSON**02/03/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date