

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005171

**FILED**  
**Jan 02, 2014**  
**Secretary of State**  
**CC9070844101**

**Entity Name:** WHITMORE OAKS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080

**FEI Number:** 59-1798676

**Certificate of Status Desired:** No

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

SOVEREIGN JACOBS PROPERTY MGMT  
461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080 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 PD  
Name WARD, CHRIS  
Address 10475 FORTUNE PARKWAY, SUITE  
100  
City-State-Zip: JACKSONVILLE FL 32256

Title VD  
Name CRAPPS, MASTON  
Address 10475 FORTUNE PARKWAY, SUITE  
100  
City-State-Zip: JACKSONVILLE FL 32256

Title STD  
Name SMIAL, BRIAN  
Address 10475 FORTUNE PARKWAY, SUITE  
100  
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:** CHRIS WARD

PD

01/02/2014

Electronic Signature of Signing Officer/Director Detail

Date