

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007995

**Entity Name:** PHILIPPE OAKS OF SAFETY HARBOR HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 28, 2022**  
**Secretary of State**  
**9517373033CC**

**Current Principal Place of Business:**

800 TARPON WOODS BLVD. F-4  
PALM HARBOR, FL 34685

**Current Mailing Address:**

800 TARPON WOODS BLVD. F-4  
PALM HARBOR, FL 34685 US

**FEI Number: 36-4776522**

**Certificate of Status Desired: No**

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

DAVID W. ORMISTON, PA  
800 TARPON WOODS BLVD. F-4  
PALM HARBOR, FL 34685 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: DAVID W. ORMISTON**

**01/28/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name INVERSO, BRUCE  
Address 800 TARPON WOODS BLVD. F-4  
City-State-Zip: PALM HARBOR FL 34685

Title PRESIDENT  
Name MORRIS, NEAL  
Address 800 TARPON WOODS BLVD. F-4  
City-State-Zip: PALM HARBOR FL 34685

Title TREASURER  
Name VANBROCKLIN, LAURIE  
Address 800 TARPON WOODS BLVD. F-4  
City-State-Zip: PALM HARBOR FL 34685

Title VP  
Name PERRY, MARK  
Address 800 TARPON WOODS BLVD. F-4  
City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR  
Name GULLO, ROB  
Address 800 TARPON WOODS BLVD. F-4  
City-State-Zip: PALM HARBOR FL 34685

*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: BRUCE INVERSO**

**SECRETARY**

**01/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date