

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004073

FILED
Mar 28, 2019
Secretary of State
7931999138CC

Entity Name: ARBOR MILL AT OAKLEAF PLANTATION HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256

Current Mailing Address:

7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA COMMUNITY MANAGEMENT CONCEPTS OF JACKSONVILLE
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: MARQUITA SAUNDERS

03/28/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name QUEEN, CHRISTOPHER
Address 7400 BAYMEADOWS WAY
 SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title VP, TREASURER
Name RAYMER, JEFFREY
Address 7400 BAYMEADOWS WAY
 SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name WESCOTT, ANTHONY
Address 7400 BAYMEADOWS WAY
 SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name SELLARS, WES
Address 7400 BAYMEADOWS WAY
 SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR 2
Name ELLIS, CYNTHIA
Address 7400 BAYMEADOWS WAY
 SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER
Name CANSLER, MELISSA
Address 7400 BAYMEADOWS WAY
 SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR 3
Name ROSEMOND, MARIA
Address 7400 BAYMEADOWS WAY
 SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR 4
Name HUDZINSKI, TAWNYA
Address 7400 BAYMEADOWS WAY
 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: CHRISTOPHER QUEEN

PRESIDENT

03/28/2019

Electronic Signature of Signing Officer/Director Detail

Date