

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005661

Entity Name: THE SHOPPES OF ST JOHNS OAKS CONDOMINIUM OWNER'S ASSOCIATION, INC.**FILED**
Apr 15, 2020
Secretary of State
3019162290CC**Current Principal Place of Business:**12058 SAN JOSE BLVD.
SUITE 904
JACKSONVILLE, FL 32223**Current Mailing Address:**P.O. BOX 600033
JACKSONVILLE, FL 32260 US**FEI Number: 47-4402140****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PROPERTY MANAGEMENT PARTNERS & ASSOCIATES
12058 SAN JOSE BLVD
SUITE 904
JACKSONVILLE, FL 32223 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: ELAINE BROOKS****04/15/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title VP
Name MOYE, JOE
Address PO BOX 600033
City-State-Zip: JACKSONVILLE FL 32260Title PRESIDENT
Name DICARLO, CATE
Address PO BOX 600033
City-State-Zip: JACKSONVILLE FL 32260Title TREASURER
Name MANCINI, DONNA
Address P.O. BOX 600033
City-State-Zip: JACKSONVILLE FL 32260Title SECRETARY
Name MOYER, BRETT
Address P.O. BOX 600033
City-State-Zip: JACKSONVILLE FL 32260Title DIRECTOR
Name YURO, MIKE
Address P.O. BOX 600033
City-State-Zip: JACKSONVILLE FL 32260

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: CATE DICARLO**PRESIDENT****04/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date