

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000008817

**Entity Name:** NOLTE ROAD COMMERCIAL PARK OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 14, 2024**  
**Secretary of State**  
**8983630014CC**

**Current Principal Place of Business:**

4337 PABLO OAKS #102  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4337 PABLO OAKS #102  
JACKSONVILLE, FL 32224

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

ANSBACHER & SCHNEIDER, P.A.  
5150 BELFORT ROAD BUILDING 100  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name JOYCE, JOHN M  
Address 4337 PABLO OAKS #102  
City-State-Zip: JACKSONVILLE FL 32224

Title VPDS  
Name PHILLIPS, TERRY  
Address 4337 PABLO OAKS #102  
City-State-Zip: JACKSONVILLE FL 32224

Title TD  
Name LIVINGSTON, JOSPEH A  
Address 4337 PABLO OAKS #102  
City-State-Zip: JACKSONVILLE FL 32224

*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: JOHN M JOYCE**

**P**

**04/14/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date