

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011974

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**1880496732CC**

**Entity Name:** OAKLEY PLACE AT ALLIGATOR LAKE ROAD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6900 TAVISTOCK LAKES BOULEVARD  
200  
ORLANDO, FL 32827

**Current Mailing Address:**

6900 TAVISTOCK LAKES BOULEVARD  
200  
ORLANDO, FL 32827 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

ERMISCH, TODD  
6900 TAVISTOCK LAKES BOULEVARD  
200  
ORLANDO, FL 32827 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 P, D  
Name ERMISCH, TODD  
Address 6900 TAVISTOCK LAKES BOULEVARD  
City-State-Zip: ORLANDO FL 32827

Title VP,D  
Name SCHLAGETER, ASHLEY  
Address 6900 TAVISTOCK LAKES BOULEVARD  
City-State-Zip: ORLANDO FL 32827

Title SEC  
Name SCHLAGETER, ASHLEY  
Address 6900 TAVISTOCK LAKES BOULEVARD  
City-State-Zip: ORLANDO FL 32827

Title TREA  
Name SCHLAGETER, ASHLEY  
Address 6900 TAVISTOCK LAKES BOULEVARD  
City-State-Zip: ORLANDO FL 32827

*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: TODD ERMISCH**

**PRESIDENT**

**02/11/2019**

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

\_\_\_\_\_  
Date