

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011974

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

**FILED**  
**Mar 16, 2020**  
**Secretary of State**  
**1803020534CC**

**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:**

PHILLIPOF, MATT  
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:** MATT PHILLIPOF

03/16/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PHILLIPOF, MATT  
Address 6900 TAVISTOCK LAKES BOULEVARD  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name WHITFIELD, JAMIE CHUNG  
Address 6900 TAVISTOCK LAKES BOULEVARD  
City-State-Zip: ORLANDO FL 32827

Title TREASURER, SECRETARY  
Name UFRET, KARLA  
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:** MATT PHILLIPOF

**PRESIDENT**

03/16/2020

Electronic Signature of Signing Officer/Director Detail

Date