

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N96000002121

**Entity Name:** OAKBRIDGE PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**May 29, 2018**  
**Secretary of State**  
**CC8682637107**

**Current Principal Place of Business:**

C/O ATLANTIS MANAGEMENT SERVICES  
11011 SHERIDAN STREET SUITE 208  
COOPER CITY, FL 33026

**Current Mailing Address:**

C/O ATLANTIS MANAGEMENT SERVICES  
11011 SHERIDAN STREET SUITE 208  
COOPER CITY, FL 33026 US

**FEI Number: 65-0670497**

**Certificate of Status Desired: No**

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

TUCKER & TIGHE PA  
800 E BROWARD BLVD  
710  
FT. LAUDERDALE, FL 33301 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: THOMAS TIGHE**

**05/29/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name KATZ, MARSHALL  
Address C/O ATLANTIS MANAGEMENT SERVICES  
11011 SHERIDAN STREET SUITE 208  
City-State-Zip: COOPER CITY FL 33026

Title DIRECTOR  
Name NISENBAUM, BARBARA  
Address C/O ATLANTIS MANAGEMENT SERVICES  
11011 SHERIDAN STREET SUITE 208  
City-State-Zip: COOPER CITY FL 33026

Title TREASURER, SECRETARY  
Name GOODMAN, BATYA  
Address C/O ATLANTIS MANAGEMENT SERVICES  
11011 SHERIDAN STREET SUITE 208  
City-State-Zip: COOPER CITY FL 33026

Title PRESIDENT  
Name TAYLOR, CONRAD  
Address C/O ATLANTIS MANAGEMENT SERVICES  
11011 SHERIDAN STREET SUITE 208  
City-State-Zip: COOPER CITY FL 33026

Title DIRECTOR  
Name HOEKENGA, RYAN  
Address C/O ATLANTIS MANAGEMENT SERVICES  
11011 SHERIDAN STREET SUITE 208  
City-State-Zip: COOPER CITY FL 33026

*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: BATYA GOODMAN**

**TREASURER**

**05/29/2018**

Electronic Signature of Signing Officer/Director Detail

Date