

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 018179

**Entity Name:** OAKLAWN CEMETERY ASSOCIATION

**Current Principal Place of Business:**

1929 ALLEN PARKWAY  
HOUSTON, TX 77019

**Current Mailing Address:**

1929 ALLEN PARKWAY  
HOUSTON, TX 77019 US

**FEI Number:** 59-0380400

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           TREASURER, DIRECTOR  
Name           TRIESCH, MICHAEL  
Address        1929 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

Title           PRD  
Name           LONGINO, N. LEE  
Address        26133 US 19 NORTH STE 308  
City-State-Zip: CLEARWATER FL 33763

Title           VP  
Name           GRUENDL, KEITH  
Address        26133 US 19 NORTH STE 308  
City-State-Zip: CLEARWATER FL 33763

Title           VP  
Name           GUARA, MANUEL  
Address        8200 BIRD RD FL 2  
City-State-Zip: MIAMI FL 33155

Title           ASST. SECRETARY  
Name           KEY, JANET  
Address        1929 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

Title           DIRECTOR  
Name           BOCAGE, STERLING C  
Address        1929 ALLEN PKWY  
                  TAX DEPT 9TH FL  
City-State-Zip: HOUSTON TX 77019

Title           SECRETARY, DIRECTOR  
Name           ROUNDTREE, LYNDI S  
Address        1929 ALLEN PKWY, TAX DEPT 9TH FL  
City-State-Zip: HOUSTON TX 77019

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL G TRIESCH

**TREASURER**

**02/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date