FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727992 (0)

1. Corporation Name

THE OAKS CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7600 ARLINGTON EXPWY JACKSONVILLE FL 32211	7600 ARLINGTON EXPWY JACKSONVILLE FL 32211

3. Date Incorporated or Qualified: **11/08/1973**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-1737476** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RENEAU, DORIS
706 OAKS MANOR
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ **Agent** **4/11/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BLACK, SYLVIA		1.2 NAME	BARBARA REYNOLDS	
STREET ADDRESS	604 OAKS PLANTATION		1.3 STREET ADDRESS	625 Oaks Hollow	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	SD	☐ DELETE	2.1 TITLE	SD	☐ Change ☐ Addition
NAME	LEDLETTER, CANDACE		2.2 NAME	Candace Ledbetter	
STREET ADDRESS	620 OAKS PLANTATION		2.3 STREET ADDRESS	620 Oaks Plantation	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jax, FL	
TITLE	T	☒ DELETE	3.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	WILLIAMS, E. D		3.2 NAME	VALERIE TABBOTT	
STREET ADDRESS	709 OAKS MANOR		3.3 STREET ADDRESS	713 OaKS Manor	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	100001872791	
STREET ADDRESS			6.3 STREET ADDRESS	-06/24/96--01026--007	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris Reneau (904) 724-2448 4/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Candace Ledbetter