2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90015 041 ****61.25

DOCUMENT # 727992

1. Entity Name

THE OAKS CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7600 ARLINGTON EXPWY JACKSONVILLE FL 32211	PO BOX 330507 ATLANTIC BEACH FL 32233-0507

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARVIN, SONIA M. 1835 NORTH THIRD STREET JACKSONVILLE FL 32250	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REYNOLDS, BARBARA 625 OAKS HOLLOW JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Mynes, Lynne 618 Oaks Hollow CT Jacksonville, FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HODGES, MICHAEL PO BOX 551348 JACKSONVILLE FL 32255	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Owen, Howard 625 Oaks Hollow CT Jacksonville, FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TABBOTT, VALERIE 713 OAKS MANOR JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARDONIO, MICHAEL 3850 Zion Rd Jacksonville, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ PD LANCHESTER, LAWRENCE 8531 ~~BEEN CHARP LANE~~ BEAUCHAMP LANE JACKSONVILLE FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dean, Hugh 611 Oaks Hollow CT Jacksonville, FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PORTH, JUANITA 701 OAKS MANOR JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Redmond, Francis J 737 Oaks Field Rd Jacksonville, FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RENEAU, LISA 706 OAKS MANOR JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hancock, Barclay 624 Oaks Plantation Dr Jacksonville, FL 32211	☐ Change ☒ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE LANCHESTER SIGNATURE REQUIRED 9 FEB 2000 249-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #