2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90040 027 ****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
MARVIN REAL ESTATE	MARVIN REAL ESTATE
Suite, Apt. #, etc.: 1835 N. 3rd St.	Suite, Apt. #, etc.: P.O. BOX 330026
City & State: Jax Beach FL.	City & State: ATLANTIC BEACH FL.
Zip: 32250 Country: USA	Zip: 32233 Country: USA

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

MARVIN, SONIA M.
1835 NORTH THIRD STREET
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

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 Sonia M Marvin 3-11-02

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

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	I PORTH, JUANITA 701 OAKS MANOR COURT JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIXON, THOMAS 620 OAKS PLANTATION DR JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	VD PORTH, JUANITA 701 OAKS MANOR CT. JACKSONVILLE, FL 32211 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FREEMAN, GINGER 719 OAKS MANOR COURT JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HANCOCK, BARCLAY R. 624 OAKS PLANTATION DRIVE JACKSONVILLE, FL. 32211 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHERRY, GREGORY 722 OAKS FIELD ROAD JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BLACK, MARVIN 604 OAKS PLANTATION DRIVE JACKSONVILLE, FL. 32211 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REDMOND, FRANCIS 737 OAKS FIELD RD. JACKSONVILLE FL 32211 ☐ Change ☒ Addition

CR2E037 (9/01)

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: Juanita Porth SIGNATURE REQUIRED 3-11-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #