

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90086 019 ****61.25

DOCUMENT # 727992	
1. Entity Name THE OAKS CONDOMINIUM I ASSOCIATION, INC.	

Principal Place of Business MARVIN REAL ESTATE 1835 N 3RD STREET JACKSONVILLE BEACH, FL 32250	Mailing Address MARVIN REAL ESTATE PO BOX 330026 ATLANTIC BEACH, FL 32233
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02152005 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	PD Frank Fraiser PO BOX 330026 32235 Jacksonville, FL 32235 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PORTH, JUANITA 701 OAKS MANOR JACKSONVILLE, FL 32211 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Chris McKay 708 Oaks Plantation Drive Jacksonville, FL 32211 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MYRICK, ROBENIA 702 OAKS FIELD RD. JACKSONVILLE, FL 32211 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANCOCK, BARCLAY 624 OAKS PLANTATION JACKSONVILLE, FL 32211 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Maria Juan **4-28-05** **249-8599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #