

FILE NOW: FILING FEE IS \$61.25

FILED

May 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 748848 (9)
1. Corporation Name
THE OAKS UNIT I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

% THE VANGUARD MANAGEMENT GROUP
12228 N. 56TH STREET
TAMPA FL 33617
US

% THE VANGUARD MANAGEMENT GROUP
12228 N 56TH STREET
TAMPA FL 33617-1531
US

3. Date Incorporated or Qualified 09/10/1979 3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address

21 %The Vanguard Management Group
Suite, Apt. #, etc. Group

22 8737 Temple Terrace Hwy
City & State

23 Temple Terrace FL
Zip Country

24 33637 Hillsborough 25 Hillsborough 29 33637 Hillsborough 30 Hillsborough

4. FEI Number 59-1993618 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

MOYER, BOB
C/O VANGUARD
12228 N. 56TH STREET
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name Moyer, Bob

82 Street Address (P.O. Box Number is Not Acceptable) % Vanguard

83 8737 Temple Terrace Hwy

84 City Temple Terrace FL 85 Zip Code 33637

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

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HANCOCK, DAVID	
STREET ADDRESS	14100 N 46TH ST #303A	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, MARTHA	
STREET ADDRESS	14100 N 46TH ST #206	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, MARK	
STREET ADDRESS	14100 N 46TH ST #114A	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HANCOCK, DAVID	
1.3 STREET ADDRESS	14100 N 46th ST #303A	
1.4 CITY-ST-ZIP	TAMPA FL 33549	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Peter Thompson	
2.3 STREET ADDRESS	14100 N. 46th Street	
2.4 CITY-ST-ZIP	Tampa FL 33549	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert J. Moyer	
3.3 STREET ADDRESS	8737 Temple Terrace Hwy.	
3.4 CITY-ST-ZIP	Temple Terrace FL 33637	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002202769	
6.3 STREET ADDRESS	-06/05/97--01050--022	
6.4 CITY-ST-ZIP	***61.25	

14. I do 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 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.

CR2E037 (9/96)

Handwritten signature and date: 5-27-97

802-97