

FILE NOW: FILING FEE IS \$61.25

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**Feb 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748848 (9)
1. Corporation Name
THE OAKS UNIT I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
% THE VANGUARD MANAGEMENT GROUP 8737 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 US		% THE VANGUARD MANAGEMENT GROUP 8737 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 US	
21	2. Principal Place of Business	26	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	City & State	27	City & State
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	09/10/1979
4. FEI Number	59-1993618
Applied For:	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MOYER, BOB
% THE VANGUARD MANAGEMENT GROUP
8737 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HANCOCK, DAVID	1.2 NAME	DON LOCK
STREET ADDRESS	14100 N 46TH ST #303A	1.3 STREET ADDRESS	14100 N. 46th Street # 104A
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33613
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD
TITLE	VD	2.2 NAME	Randall West
NAME	THOMPSON, PETER	2.3 STREET ADDRESS	14100 N. 46th Street #107A
STREET ADDRESS	14100 N 46TH ST #208	2.4 CITY-ST-ZIP	Tampa, FL 33613
CITY-ST-ZIP	TAMPA FL		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD
TITLE	SD	3.2 NAME	BILL GREY
NAME	MOYER, ROBERT	3.3 STREET ADDRESS	14100 N. 46th ST. #209A
STREET ADDRESS	8737 TEMPLE TERRACE HWY	3.4 CITY-ST-ZIP	Tampa, FL 33613
CITY-ST-ZIP	TEMPLE TERRACE FL 33637		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.1 TITLE	KAYE WASHINGTON
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	14100 N. 46th St. #106A
STREET ADDRESS		4.4 CITY-ST-ZIP	Tampa, FL 33613
CITY-ST-ZIP			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE	RAMON MONDEZ
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	14100 N. 46th Street # 108A
STREET ADDRESS		5.4 CITY-ST-ZIP	Tampa, FL 33613
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE	
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

14. 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 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: *Bob Moyer* 2-4-92

CFR2037 (10/97)