

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90447 010 ****61.25

DOCUMENT # 748848

1. Entity Name

THE OAKS UNIT I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% THE VANGUARD MANAGEMENT GROUP
9300 N. 16 ST
TAMPA FL 33612
US

% THE VANGUARD MANAGEMENT GROUP
9300 N. 16 ST
TAMPA FL 33612
US

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

59-1993618

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

MOYER, BOB
%THE VANGUARD MANAGEMENT GROUP
9300 N. 16 ST
TAMPA FL 33612

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

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 **VP/D** Delete
 NAME **WARRINGTON, KAREN**
 STREET ADDRESS **4411 SHADY TERRACE LANE #106**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE **P/D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **A** Delete
 NAME **MOYER, ROBERT**
 STREET ADDRESS **9300 N. 16 ST**
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **LOCK, DON**
 STREET ADDRESS **4411 SHADY TERR LN, #104**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE **V/D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P/D** Delete
 NAME **GRAY, JOHN**
 STREET ADDRESS **4411 SHADY TERR LN, #209**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE **S/T/D** Change Addition
 NAME **CROTHERS, BILL**
 STREET ADDRESS **4411 SHADY TERR. LN, #103**
 CITY-ST-ZIP **TAMPA, FL 33613**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

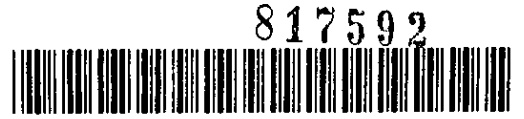
TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED BOB MOYER Agent

(813) 930-8036



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)