


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90048 011 ****61.25

DOCUMENT # 748848

1. Entity Name
THE OAKS UNIT I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 % THE VANGUARD MANAGEMENT GROUP % THE VANGUARD MANAGEMENT GROUP
 9300 N. 16 ST 9300 N. 16 ST
 TAMPA, FL 33612 US TAMPA, FL 33612 US

49024790



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03052004 Chg-NP CR2E037 (10/03)

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
WINFIELD, JANET
%THE VANGUARD MANAGEMENT GROUP
9300 N. 16 ST
TAMPA, FL 33612

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

SIGNATURE Janet Winfield DATE 3/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CAROTHERS, MARIE	
STREET ADDRESS	4411 SHADY TERRACE LANE, #103	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KREPPS, BRENDA	
STREET ADDRESS	9300 N. 16 ST	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAROTHERS, BILL	
STREET ADDRESS	4411 SHADY TERR LANE #103	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daly, Joan	
STREET ADDRESS	4654 Kimmeridge La.	
CITY-ST-ZIP	Indianapolis, IN 46254	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, David	
STREET ADDRESS	4411 Shady Ter. La. #310	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE: W. L. CAROTHERS DATE 03/11/04 DAYTIME PHONE # 813-631-5137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Attachment
24024790

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 5, 2004

MAR 11 2004

THE OAKS UNIT I CONDOMINIUM ASSOCIATION, INC.
% THE VANGUARD MANAGEMENT GROUP
9300 N. 16 ST
TAMPA, FL 33612 US

SUBJECT: THE OAKS UNIT I CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 748848

We have received your document for THE OAKS UNIT I CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:
Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 704A00014799