


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90110 016 ****61.25

DOCUMENT # 748848					
1. Entity Name THE OAKS UNIT I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % THE VANGUARD MANAGEMENT GROUP 9300 N. 16 ST TAMPA, FL 33612 US			Mailing Address % THE VANGUARD MANAGEMENT GROUP 9300 N. 16 ST TAMPA, FL 33612 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01222008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1993618	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WINFIELD, JANET %THE VANGUARD MANAGEMENT GROUP 9300 N. 16 ST TAMPA, FL 33612			Name <u>MEZER, STEVEN</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>1801 N. Highland Ave</u>		
			City <u>Tampa</u>		FL Zip Code <u>33602</u>
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAROTHERS, WILL		NAME		
STREET ADDRESS	4411 SHADY TERRACE LANE #103		STREET ADDRESS	16105 N. FLORIDA AVE # A	
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, DAVID <i>J. M. Coz</i>		NAME	Tracy Dederick - Berlin	
STREET ADDRESS	4411 SHADY TER. LA. #310		STREET ADDRESS	16105 N. FLORIDA # A	
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, JANET		NAME		
STREET ADDRESS	4411 SHADY TERRACE LANE #209		STREET ADDRESS	16105 N. FLORIDA # A	
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i>			Date: <u>4/11/08</u>		Daytime Phone #: <u>8139685665</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					