

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748848

FILED
Mar 09, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

16105 N. FLORIDA AVE
A
LUTZ, FL 33549 US

Current Mailing Address:

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

New Mailing Address:

16105 N. FLORIDA AVE
A
LUTZ, FL 33549 US

FEI Number: 59-1993618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVEN
1801 N HIGHLAND AVENUE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CAROTHERS, WILL
Address: 16105 N FLORIDA AVENUE, #A
City-St-Zip: LUTZ, FL 33549

Title: VP () Delete
Name: DEDERICK, TRACY
Address: 16105 N FLORIDA AVENUE, #A
City-St-Zip: LUTZ, FL 33549

Title: S () Delete
Name: YOUNG, JANET
Address: 16105 N FLORIDA AVENUE, #A
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DEDERICK-BELIN, TRACY
Address: 16105 N FLORIDA AVENUE, #A
City-St-Zip: LUTZ, FL 33549

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WIL CAROTHERS

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date