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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727992

1. Corporation Name

THE OAKS CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

7600 ARLINGTON EXPWY
JACKSONVILLE FL 32211

Mailing Address

7600 ARLINGTON EXPWY
JACKSONVILLE FL 32211



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

PO Box 330507

Suite, Apt. #, etc.

27

Atlantic Beach, FL

City & State

28

32233-0507

Zip

Country

29

30

3. Date Incorporated or Qualified

11/08/1973

4. FEI Number

59-1737476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MARVIN, SONIA M.
1835 NORTH THIRD STREET
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD REYNOLDS, BARBARA**
STREET ADDRESS **625 OAKS HOLLOW**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☒ DELETE
NAME **SD HIGHSMITH, RUTH**
STREET ADDRESS **722 OAKS FIELD RD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ DELETE
NAME **T TABBOTT, VALERIE**
STREET ADDRESS **713 OAKS MANOR**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Michael Hodges**
1.3 STREET ADDRESS **PO Box 551348**
1.4 CITY-ST-ZIP **Jacksonville, FL 32255**

2.1 TITLE **VPD** ☐ Change ☒ Addition
2.2 NAME **Laurance Lancaster**
2.3 STREET ADDRESS **8531 Beech Champ Lane**
2.4 CITY-ST-ZIP **Jacksonville, FL 32217**

3.1 TITLE **S** ☒ Change ☐ Addition
3.2 NAME **Barbara Reynolds**
3.3 STREET ADDRESS **675 Oaks Hollow**
3.4 CITY-ST-ZIP **Jacksonville, FL 32211**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Juanita Porth**
4.3 STREET ADDRESS **701 Oak Manor**
4.4 CITY-ST-ZIP **Jacksonville, FL 32211**

5.1 TITLE **S** ☐ Change ☒ Addition
5.2 NAME **Lisa Reneau**
5.3 STREET ADDRESS **706 Oaks Manor**
5.4 CITY-ST-ZIP **Jacksonville FL 32211**

6.1 TITLE **S** ☐ Change ☒ Addition
6.2 NAME **Beverly Manning**
6.3 STREET ADDRESS **700 Oaks Plantation**
6.4 CITY-ST-ZIP **Jacksonville FL 32211**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

4-19-99

CR2E037 (11/98)