2000 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # 727992** 1. Entity Name THE OAKS CONDOMINIUM | ASSOCIATION, INC. 02-14-2000 90015 041 ****61 25 Mailing Address Principal Place of Business 7600 ARLINGTON EXPWY PO BOX 330507 DHUZUOIU ATLANTIC BEACH FL 32233-0507 JACKSONVILLE FL 32211 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1737476 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MARVIN, SONIA M. 1835 NORTH THIRD STREET JACKSONVILLE FL 32250 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ★ Addition TITLE 🗷 Delete TITLE Mynes Lynne NAME REYNOLDS, BARBARA NAME 618 Oaks Hollow CT STREET ADDRESS STREET ADDRESS 625 OAKS HOLLOW Jacksonville, FL 32211 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32211 シVD Change Addition TITLE ■ Delete TITLE PD Owen, Howard NAME NAME HODGES, MICHAEL bys oaks Hollow (7 STREET ADDRESS STREET ADDRESS PO BOX 551348 Jacksonville, FL 32711. CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32255 Change **Addition** ☐ Delete TITLE TITLE GARDONIO, MICHAEL NAME NAME TABBOTT, VALERIE 3850 Zion Rd STREET ADDRESS STREET ADDRESS 713 OAKS MANOR CITY-ST-ZIP Jacksonville, 71 32207 CITY-ST-ZIP Jacksonville FL 32211 ☐ Change **▶** Addition TITLE W PD ☐ Delete TITI F NAME 611 Oaks Hollow C7 NAME LANCHESTER, LAWRENCE 8531-BEEN CHARP-LANE BEAUCHAMP LANE STREET ADDRESS STREET ADDRESS Jacksonville, Fl 37211 CITY-ST-ZIP CiTY-ST-ZIP JACKSONVILLE FL 32217 ☐ Change **►** Addition TITLE ☐ Delete TITLE Redmond, Francis J NAME PORTH, JUANITA NAME 737 Daks Field Rd STREET ADDRESS STREET ADDRESS 701 OAKS MANOR Jacksonville, 71 32211 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32211 Change Z-Delete TITLE Hancock, Barday 624 Oaks Plantation DR TITLE NAME NAME RENEAU, LISA STREET ADDRESS STREET ADDRESS 706 OAKS MANOR Jadesonville, 71 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE_FL 32211 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: See Jan Jan June 10

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Daytime Phone #

FILED