2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#727992

FILED Mar 19, 2009 Secretary of State

Entity Name: THE OAKS CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: THE OAKS C/O RIVER CITY MGMT SERVICES 7600 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 **New Mailing Address: Current Mailing Address:** THE OAKS C/O RIVER CITY MGMT SERVICES 7600 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 FEI Number: 59-1737476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIVER CITY MANAGEMENT SERVICES 7600 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DEAN, HUGH Name: Name: 611 OAKS HOLLOW COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: () Delete Title: () Change () Addition COOPER, PHYLLIS Name: Name: Address: 622 OAKS PLANTATION DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition HOWER, TODD Name: Name: 615 OAKS HOLLOW COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: HANCOCK, BARCLAY Name: GREGORY, SHERRY 624 OAKS PLANTATION DRIVE Address: Address: P. O. BOX 40994 City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32203 Title: () Delete Title: () Change () Addition LOUGHERY, SHELIA Name: Name: 12073 SAVERIO ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: () Delete Title: (X) Change () Addition TAFRALIAN, JAMES TAFRALIAN, JAMES Name: Name: Address: 716 OAKS MANOR CT Address: 4520 MISTY DAWN COURT S JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32277 City-St-Zip: 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: STHOMPSON RA 03/19/2009