

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727992

FILED  
Apr 07, 2010  
Secretary of State

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

**Current Principal Place of Business:**

THE OAKS C/O RIVER CITY MGMT SERVICES  
7600 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

THE OAKS CONDOMINIUMS  
7600 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

THE OAKS C/O RIVER CITY MGMT SERVICES  
7600 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:** 59-1737476      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIVER CITY MANAGEMENT SERVICES  
7600 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211      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: D  
Name: DEAN, HUGH  
Address: 611 OAKS HOLLOW COURT  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D  
Name: COOPER, PHYLLIS  
Address: 622 OAKS PLANTATION DRIVE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP  
Name: HOWER, TODD  
Address: 615 OAKS HOLLOW COURT  
City-St-Zip: JACKSONVILLE, FL 32211

Title: S  
Name: GREGORY, SHERRY  
Address: P. O. BOX 40994  
City-St-Zip: JACKSONVILLE, FL 32203

Title: P  
Name: LOUGHERY, SHELIA  
Address: 12073 SAVERIO ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D  
Name: TAFRALIAN, JAMES  
Address: 4520 MISTY DAWN COURT S  
City-St-Zip: JACKSONVILLE, FL 32277

I hereby 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 all other like empowered.

SIGNATURE: STHOMPSON

RA

04/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date