

727 992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

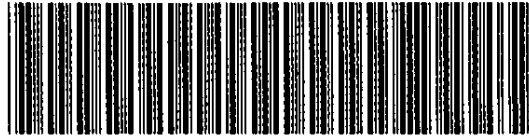
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Ra Chang

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Oaks Condominium I Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 727992

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kay V. Stratton

Name of Contact Person

Innovative Management Solutions of Jacksonville, Inc.

Firm/Company

9838 Old Baymeadows Rd PMB289

Address

Jacksonville, Fl. 32256

City/State and Zip Code

manager@ims-jax.net

E-mail address: (to be used for future annual report notification)

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14 DEC 29 PM 4:06  
SECRET  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Kay V. Stratton

Name of Contact Person

at ( 904 ) 535-9578

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 24, 2014

KAY V STRATTON  
INNOVATIVE MANAGEMENT SOLUTIONS OF JACKS  
9838 OLD BAYMEADOWS RD PBM289  
JACKSONVILLE, FL 32256

SUBJECT: THE OAKS CONDOMINIUM I ASSOCIATION, INC.  
Ref. Number: 727992

We have received your document for THE OAKS CONDOMINIUM I ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 914A00024936

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DIVISION  
DEPARTMENT OF STATE

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Oaks Condominium I Association, Inc.
2. The principal office address: 9838 Old Baymeadows Rd. PMB289, Jacksonville, Fl. 32256
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 11-08-1973 Document number: 727992
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Leland Management

7600 Arlington Expressway

Jacksonville, Fl. 32211

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Innovative Management Solutions of Jacksonville, Inc.

9838 Old Baymeadows Road, PMB289

P.O. Box NOT acceptable

Jacksonville, Fl. 32256

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

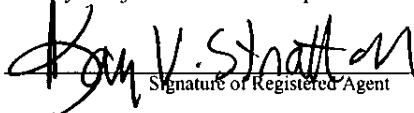
**Sophie Gillette**  
Digitally signed by Sophie Gillette  
DN: cn=Sophie Gillette, o=The Oaks Condominium I  
Association, Inc., ou=Treasurer, email=manager@oaks.net,  
c=US  
Date: 2014.10.27 10:53:54 -0400

Signature of an officer or director

**Sophie Gillette, Treasurer**

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

10-27-2014

Date

If signing on behalf of an entity:

Kay V. Stratton

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*