## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 727992** 

Entity Name: THE OAKS CONDOMINIUM I ASSOCIATION, INC.

FILED
Mar 30, 2019
Secretary of State
3552152277CC

## **Current Principal Place of Business:**

C/O INTERLACED PROPERTY SOLUTIONS, LLC 5991 CHESTER AVE. #203
JACKSONVILLE, FL 32217

## **Current Mailing Address:**

C/O INTERLACED PROPERTY SOLUTIONS, LLC 5991 CHESTER AVE. #203 JACKSONVILLE, FL 32217 US

FEI Number: 59-1737476 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

INTERLACED PROPERTY SOLUTIONS, LLC INTERLACED PROPERTY SOLUTIONS, LLC 5991 CHESTER AVE. #203 JACKSONVILLE, FL 32217 US

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: PATRICIA BENNETT 03/30/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title SECRETARY, TREASURER Title PRESIDENT

Name DUERR, SHERRY Name THOMAS, KIT

Address C/O INTERLACED PROPERTY Address C/O INTERLACED PROPERTY

SOLUTIONS SOLUTIONS

5991 CHESTER AVE. #203 5991 CHESTER AVE. #203

City-State-Zip: JACKSONVILLE FL 32217 City-State-Zip: JACKSONVILLE FL 32217

Title VP

Name LUSH, CHRISTOPHER

Address C/O INTERLACED PROPERTY

SOLUTIONS

5991 CHESTER AVE. #203

City-State-Zip: JACKSONVILLE FL 32217

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: KIT THOMAS PRESIDENT 03/30/2019