

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727992

Entity Name: THE OAKS CONDOMINIUM I ASSOCIATION, INC.**Current Principal Place of Business:**9838 OLD BAYMEADOWS ROAD, PMB 289
JACKSONVILLE, FL 32256**Current Mailing Address:**9838 OLD BAYMEADOWS ROAD, PMB 289
JACKSONVILLE, FL 32256 US**FEI Number:** 59-1737476**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INNOVATIVE MANAGEMENT SOLUTIONS OF JAX INC
9838 OLD BAYMEADOWS ROAD, PMB 289
JACKSONVILLE, FL 32256 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:** REBECCA FURLOW

04/25/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TAYLOR, STERLING
Address 9838 OLD BAYMEADOWS ROAD, PMB
 289
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER
Name BLACK, MARVIN
Address 9838 OLD BAYMEADOWS ROAD, PMB
 289
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name EGERER, BARBARA
Address 9838 OLD BAYMEADOWS ROAD, PMB
 289
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name GILLETTE, JON
Address 9838 OLD BAYMEADOWS ROAD, PMB
 289
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name GILLETTE, SOPHIE
Address 9838 OLD BAYMEADOWS ROAD, PMB
 289
City-State-Zip: JACKSONVILLE FL 32256

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: STERLING TAYLOR

PRESIDENT

04/25/2015

Electronic Signature of Signing Officer/Director Detail

Date