

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727992

**Entity Name:** THE OAKS CONDOMINIUM I ASSOCIATION, INC.**Current Principal Place of Business:**9050 CYPRESS GREEN DRIVE  
SUITE 102  
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  
9050 CYPRESS GREEN DRIVE  
SUITE 102  
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**04/25/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            VP  
Name            THOMAS, KIT  
Address        9838 OLD BAYMEADOWS ROAD, PMB  
                  289  
City-State-Zip: JACKSONVILLE FL 32256

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

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

Title            TREASURER  
Name            CHRIS, LUSH  
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:** BARBARA EGERER**PRESIDENT****04/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date