

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727992

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

**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  
Name DUERR, SHERRY  
Address C/O INTERLACED PROPERTY SOLUTIONS  
5991 CHESTER AVE. #203  
City-State-Zip: JACKSONVILLE FL 32217

Title PRESIDENT  
Name THOMAS, KIT  
Address C/O INTERLACED PROPERTY SOLUTIONS  
5991 CHESTER AVE. #203  
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

Electronic Signature of Signing Officer/Director Detail

Date