



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90027 011 ****61.25

DOCUMENT # 727992 1. Entity Name THE OAKS CONDOMINIUM I ASSOCIATION, INC.					
Principal Place of Business THE OAKS C/O RIVER CITY MGMT SERVICES 7600 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211			Mailing Address THE OAKS C/O RIVER CITY MGMT SERVICES 7600 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1737476	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RIVER CITY MANAGEMENT SERVICES 7600 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, HUGH 611 OAKS HOLLOW COURT JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SHERRY GREGORY 722 OAKS FIELD RD JACKSONVILLE, FL 32211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, PHYLLIS 622 OAKS PLANTATION DRIVE JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PHYLLIS COOPER 622 OAKS PLANTATION DR JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWER, TODD 615 OAKS HOLLOW COURT JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SHAWNAN SIMCIK 706 OAKS PLANTATION DR JACKSONVILLE, FL 32211	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANCOCK, BARCLAY 624 OAKS PLANTATION DRIVE JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BARCLAY HANCOCK 624 OAKS PLANTATION DR JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOUGHERY, SHELIA 12073 SAVERIO ROAD JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHELIA LOUGHERY 12073 SAVERIO RD JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, SHIRLEY 614 OAKS HOLLOW COURT JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JAMES TAFALIAN 716 OAKS MANOR CT. JACKSONVILLE, FL 32211	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Shelia Loughery</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					