

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90186 036 ****61.25

DOCUMENT # N05000006704 1. Entity Name THE OAKS BUSINESS CENTER CONDOMINIUM OWNER'S ASSOCIATION, INC.					
Principal Place of Business 3740 ST. JOHNS BLUFF ROAD S., SUITE #16 JACKSONVILLE, FL 32224			Mailing Address 3740 ST. JOHNS BLUFF ROAD S., SUITE #16 JACKSONVILLE, FL 32224		
2. Principal Place of Business - No P.C. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		40069115 	
03152007 Chg-NP CR2E037 (12/06)				4. FEI Number 16-1718702 20-5413194	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BLACKBURN, DENNIS L 5150 BELFORT ROAD SOUTH BLDG 500 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name Dana B. Kenyon Real Estate Services Street Address (P.O. Box Number is Not Acceptable) 5772 Timogucana Rd City Jacksonville FL Zip Code 32210		
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 <u><i>Lisa Bailey</i></u> <i>Lisa Bailey - Senior Facilities Mgr.</i> <i>3-19-07</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 WALSHAW, LARRY E 3740 ST. JOHNS BLUFF ROAD S., SUITE #16 JACKSONVILLE, FL 32224 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, HEATHER E 3740 ST. JOHNS BLUFF ROAD S., SUITE #16 JACKSONVILLE, FL 32224 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, JAMES G 3740 ST. JOHNS BLUFF ROAD S., SUITE #16 JACKSONVILLE, FL 32224 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 607, 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: <u><i>[Signature]</i></u> <i>4/15/07</i> <i>908 928-4099</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					