2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90037 040 ****61.25

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1. Entity Name
THE OAKS BUSINESS CENTER CONDOMINIUM OWNER'S ASSOCIATION, INC.

40067435

Principal Place of Business	Mailing Address
3740 ST. JOHNS BLUFF ROAD S., SUITE #16 JACKSONVILLE, FL 32224	3740 ST. JOHNS BLUFF ROAD S., SUITE #16 JACKSONVILLE, FL 32224

03042008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-5413194
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, DENNIS L
5150 BELFORT ROAD SOUTH
BLDG 500
JACKSONVILLE, FL 32256

Business Condos USA
3740 St. Johns Bluff Rd. S.
#16
Jax., Fl. 32224

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALSHAW, LARRY E
STREET ADDRESS	3740 ST. JOHNS BLUFF ROAD S., SUITE #16
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	BRADY, JAMES G
STREET ADDRESS	3740 ST. JOHNS BLUFF ROAD S., SUITE #16
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/7/08 904-928-4099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #