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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002091 (4)

1. Corporation Name

THE OAKS UNITS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2043
NEW SMYRNA BEACH FL 32170P.O. BOX 2043
NEW SMYRNA BEACH FL 32170-20433. Date Incorporated or Qualified
04/15/19963a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-3381679

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, EDWARD
101 N. PINE STREET, UNIT 4
NEW SMYRNA BEACH FL 32169

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Edward Ford

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETENAME FORD, EDWARD
STREET ADDRESS 101 N. PINE STREET, UNIT 4
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169TITLE LIZ GREENWOOD D ☐ DELETENAME BOB AYERS D
STREET ADDRESS MARY BRITTAN D
CITY-ST-ZIPTITLE LIZ GREENWOOD D ☐ DELETENAME 101 N. PINE ST. UNIT 3
STREET ADDRESS NEW SMYRNA BCH, FL 32169
CITY-ST-ZIPTITLE BOB AYERS D ☐ DELETENAME 101 N. PINE ST. UNIT 5
STREET ADDRESS NEW SMYRNA BCH, FL 32169
CITY-ST-ZIPTITLE MARY BRITTAN D ☐ DELETENAME 101 N. PINE ST. UNIT 4
STREET ADDRESS NEW SMYRNA BCH, FL 32169
CITY-ST-ZIPTITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward Ford

REQUIRED

2-11-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone Number

CR2E037 (9/96)