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FILED
Mar 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002091 (4)

1. Corporation Name

THE OAKS UNITS, INC.



Principal Place of Business

P.O. BOX 2043
NEW SMYRNA BEACH FL 32170

Mailing Address

P.O. BOX 2043
NEW SMYRNA BEACH FL 32170

3. Date Incorporated or Qualified

04/15/1996

4. FEI Number

59-3381679

Applied For

Not Applicable

2. Principal Place of Business

21 101 N. PINE STREET

Suite, Apt. #, etc.

22 UNIT 4

City & State

23 NEW SMYRNA BEACH FLORIDA

Zip

24 32169

Country

25 VOLUSIA

2a. Mailing Address

26 THE OAKS UNITS, INC.

Suite, Apt. #, etc.

27 P.O. BOX 2043

City & State

28 NEW SMYRNA BCH. FL.

Zip

29 32169

Country

30 VOLUSIA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

SAME AS IN #9

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME FORD, EDWARD
STREET ADDRESS 101 N. PINE STREET, UNIT 4
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE ☐ DELETE

D
NAME GREENWOOD, LIZ
STREET ADDRESS 101 N PINE ST, UNIT 5
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE ☐ DELETE

D
NAME AYERS, BOB
STREET ADDRESS 101 N PINE ST UNIT 5
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE ☐ DELETE

D
NAME BRITTAN, MARY
STREET ADDRESS 101 N PINE ST, UNIT 4
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 A. Ford, EDWARD A. FORD

2/27/98 9:00 AM 2 8:07 08

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