

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90096 035 ****61.25

DOCUMENT # N96000002091						
1. Entity Name THE OAKS UNITS, INC.						
Principal Place of Business 101 N PINE ST UNIT 5 NEW SMYRNA BEACH, FL 32169 US			Mailing Address THE OAKS UNITS, INC P.O. BOX 2043 NEW SMYRNA BEACH, FL 32169 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 59-3381679		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BUTLER, EDNA 101 N. PINE STREET, UNIT 5 NEW SMYRNA BEACH, FL 32169			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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, 2004		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 P	NAME BUTLER, EDNA		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 101 N. PINE ST #5	NEW SMYRNA BEACH, FL 32169			NAME	_____	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			STREET ADDRESS	_____	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			CITY-ST-ZIP	_____	
TITLE VPD	NAME GREENWOOD, LIZ		<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 101 N. PINE ST. UNIT 2	NEW SMYRNA BEACH, FL 32169			NAME	COULTER, ANN	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			STREET ADDRESS	101 N. PINE ST., UNIT B	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE SD	NAME REINHART, JEFFREY		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 101 N. PINE ST #9	NEW SMYRNA BEACH, FL 32169			NAME	REINHART, JEFFREY	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			STREET ADDRESS	101 N. PINE ST., UNIT 3	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE TD	NAME GREENWOOD, LIZ		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 101 N. PINE ST. UNIT 2	NEW SMYRNA BEACH, FL 32169			NAME	_____	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			STREET ADDRESS	_____	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			CITY-ST-ZIP	_____	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	_____			NAME	_____	
CITY-ST-ZIP	_____			STREET ADDRESS	_____	
CITY-ST-ZIP	_____			CITY-ST-ZIP	_____	
12. 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 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: <u>Edna M. Butler</u>				Date: <u>1/24/04</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Daytime Phone #: <u>386-409-9258</u>		