


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

40069115



2. Principal Place of Business - No P.C. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03152007 Chg-NP CR2E037 (12/06)

City & State
 Zip

Country

4. FEI Number
16-1718702 20-5413194

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 Truogucana 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 *Lisa Bailey* **Lisa Bailey - Senior Facilities Mgr. 3-19-07**
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

TITLE	D	<input type="checkbox"/> Delete
NAME	WALSHAW, LARRY E	
STREET ADDRESS	3740 ST. JOHNS BLUFF ROAD S., SUITE #16	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, HEATHER E	
STREET ADDRESS	3740 ST. JOHNS BLUFF ROAD S., SUITE #16	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADY, JAMES G	
STREET ADDRESS	3740 ST. JOHNS BLUFF ROAD S., SUITE #16	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **4/15/07** **908 928-4099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #