

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90194 011 \*\*\*\*61.25

**DOCUMENT # N04034**

1. Entity Name

**THE OAKS III CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**19505 QUESADA AVE  
PT CHARLOTTE FL 33948**

Mailing Address

**19505 QUESADA AVE  
PT CHARLOTTE FL 33948**

**30010340**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2416983**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIES, CHRISTOPHER N  
12601 WORLD PLAZA LN STE 2  
FORT MYERS FL 33907**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☒ Delete  
NAME **RZASA, ANDREW T**  
STREET ADDRESS **19505 QUASADA AVE T203**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **DT** ☒ Change ☐ Addition  
NAME **JONES, DENNIS**  
STREET ADDRESS **781 HILSDALE ORESCENT**  
CITY-ST-ZIP **SLEDBURY, ON. CANADA P3E 3S7**

TITLE **DS** ☐ Delete  
NAME **BAKER, DONALD**  
STREET ADDRESS **19505 QUESADA AVE**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **DS** ☒ Change ☐ Addition  
NAME **MARTIN, DONALD**  
STREET ADDRESS **345 S. KINGS OREER RD**  
CITY-ST-ZIP **BURGETTSTOWN, PA 15021**

TITLE **D** ☐ Delete  
NAME **MARIN, DONALD**  
STREET ADDRESS **19505 QUESADA AVENUE**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33943**

TITLE **D** ☒ Change ☐ Addition  
NAME **RIESEN, KENNETH**  
STREET ADDRESS **102 SUNRAY TER**  
CITY-ST-ZIP **ORISKANY, N.Y. 13424**

TITLE **DV** ☒ Delete  
NAME **AKERS, MELVIN R**  
STREET ADDRESS **8991 REVERE RUN**  
CITY-ST-ZIP **WEST CHESTER OH 45069**

TITLE **DV** ☒ Change ☐ Addition  
NAME **BAKER, DONALD**  
STREET ADDRESS **3032 BRITTON D.R.E.**  
CITY-ST-ZIP **SPRINGFIELD, OH 45503**

TITLE **DP** ☒ Delete  
NAME **MARSEE, FRED**  
STREET ADDRESS **19505 QUESADA**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **DP** ☒ Change ☐ Addition  
NAME **DEEVERS, CHRIS P.**  
STREET ADDRESS **2256 FROST RD**  
CITY-ST-ZIP **STREETS BORO, OH 44241**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **SIGNATURE REQUIRED DONALD G. BAKER 1/24/03 941624-2662**

CR2E037 (10/02)