2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90064 026 ****61.25

DOCUMENT # N04034

1. Entity Name

THE OAKS III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
19505 QUESADA AVE PT CHARLOTTE FL 33948	19505 QUESADA AVE PT CHARLOTTE FL 33948

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2416983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIES, CHRISTOPHER N 2375 TAMIAMI TRAIL NAPLES FL 34103	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
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DT YOCUM, NANCY 12 AHRENS PLACE FREDONIA NY 14063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Williams, Jack 1589 Hollister Road Owego, NY 13827	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WILLIAMS, JACK 1589 HOLLISTER ROAD OWEGO NY 13827	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Hunt, Duwain 19505 Quesada Ave #102 Port Charlotte, FL 33948	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DEEVERS, CHRIS P 2256 FROST RD STREETSBORO OH 44241	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Kuss, Fred 19505 Quesada Ave T101 Port Charlotte FL 33948	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HUNT, DUWAIN 19505 QUESADA AVE PORT CHARLOTTE FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Oleyar, Paul 8397 Noble Loon St. NW Massillon, OH 44646	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JARBOE, RAY 3376 GRASSMERE DRIVE LEXINGTON KY 40503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jack Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #