

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04034

Entity Name: THE OAKS III CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**19505 QUESADA AVE
PT CHARLOTTE, FL 33948**Current Mailing Address:**19505 QUESADA AVE
PT CHARLOTTE, FL 33948**FEI Number: 59-2416983****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FILEMAN, ARIANA R
110 SULLIVAN STREET - SUITE 111
PUNTA GORDA, FL 33950-3660 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	STAVROPOULOS, JUDY
Address	19505 QUESADA AVENUE T-202
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	DS
Name	HAMLIN, ANNE
Address	4157 ANTHONY DRIVE
City-State-Zip:	STERLING HEIGHTS MI 48310

Title	DL
Name	LUZYNSKI, LEON
Address	27925 FLORENCE STREET
City-State-Zip:	ST. CLAIR SHORES MI 48081

Title	DVP
Name	ZOERNER, ROBERT
Address	68778 TWILIGHT STREET
City-State-Zip:	EDWARDSBURG MI 49112

Title	DT
Name	OSMOND, LLOYD
Address	19505 QUESADA AVENUE L-104
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	MGR
Name	GONSKI, JUDI
Address	19505 QUESADA AVENUE
City-State-Zip:	PORT CHARLOTTE FL 33948

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUDI GONSKI**LCAM****04/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date