#### SIGNATURE: Electronic Signature of Registered Agent

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.

# Officer/Director Detail :

| Title           | DP                            | Title           | DVP                       |  |
|-----------------|-------------------------------|-----------------|---------------------------|--|
| Name            | STAVROPOULOS, JUDY            | Name            | LUZYNSKI, LEON            |  |
| Address         | 19505 QUESADA AVENUE T-202    | Address         | 27925 FLORENCE STREET     |  |
| City-State-Zip: | PORT CHARLOTTE FL 33948       | City-State-Zip: | ST. CLAIR SHORES MI 48081 |  |
| T:41 -          |                               | Title           | DT                        |  |
| Title           | DS                            | THE             | DI                        |  |
| Name            | LONG, CONSTANCE               | Name            | ZOERNER, ROBERT           |  |
| Address         | 23631 NORTH SHORE DRIVE       | Address         | 68778 TWILIGHT STREET     |  |
| City-State-Zip: | EDWARDSBURG MI 49112          | City-State-Zip: | EDWARDSBURG MI 49112      |  |
|                 |                               |                 |                           |  |
| Title           | DL                            | Title           | MGR                       |  |
| Name            | OSMOND, LLOYD                 | Name            | MARTINEZ, JACQUELINE      |  |
| Address         | 19505 QUESADA AVENUE<br>L-104 | Address         | 19505 QUESADA AVENUE      |  |
|                 |                               | City-State-Zip: | PORT CHARLOTTE FL 33948   |  |
| City-State-Zip: | PORT CHARLOTTE FL 33948       | e., e.a. 2.p.   |                           |  |
|                 |                               |                 |                           |  |

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.

MANAGER

## SIGNATURE: JACQUELINE MARTINEZ

Electronic Signature of Signing Officer/Director Detail

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

## Name and Address of Current Registered Agent:

FILEMAN, ARIANA R 110 SULLIVAN STREET - SUITE 111 PUNTA GORDA, FL 33950-3660 US

## FILED Apr 07, 2014 Secretary of State CC3534142316

Certificate of Status Desired: No

Date

04/07/2014 Date