

2016 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:**MARTINEZ, JACQUELINE T
19505 QUESADA AVENUE
OFFICE
PORT CHARLOTTE, FL 33948 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:** JACQUELINE MARTINEZ

01/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DVP
Name LONG, CONNIE
Address 23631 NORTH SHORE DRIVE
City-State-Zip: EDWARDSBURG MI 49112

Title DS
Name MARTIN, ROGER
Address 106 BULLOCK ROAD
City-State-Zip: E. FREETOWN MA 02717

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

Title DL
Name LABAND, PETER
Address 3 JOHN HALL CARTWAY
City-State-Zip: YARMOUTH PORT MA 02675

Title MGR
Name MARTINEZ, JACQUELINE
Address 19505 QUESADA AVENUE
OFFICE
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: JACQUELINE MARTINEZ**MANAGER**

01/28/2016

Electronic Signature of Signing Officer/Director Detail

Date