

**2019 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:**PELON, BONNIE S  
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:** BONNIE S. PELON

01/22/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	OSMOND, LLOYD
Address	19505 QUESADA AVENUE UNIT L-104
City-State-Zip:	PORT CHARLOTTE FL 33948
Title	MGR
Name	PELON, BONNIE SUE
Address	19505 QUESADA AVENUE OFFICE
City-State-Zip:	PORT CHARLOTTE FL 33948
Title	SECRETARY
Name	POWERS, MARIANNE
Address	21912 FRAZHO
City-State-Zip:	SAINT CLAIR SHORES MI 48081

Title	DIRECTOR
Name	BURDICK, ROBERT
Address	8603 BENT PINE DRIVE
City-State-Zip:	LAKE ANN MI 49650
Title	PRESIDENT
Name	TOMASZEWSKI, WILLIAM
Address	24 KNADLER DR.
City-State-Zip:	LATHAM NY 12110
Title	TREASURER
Name	COSTELLO, LESLEY
Address	2105 DELTA STREET
City-State-Zip:	PORT CHARLOTTE FL 33952

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:** BONNIE PELON

CAM

01/22/2019

Electronic Signature of Signing Officer/Director Detail

Date