

2020 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:**ONORATI, TAMRA A
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:** TAMRA A. ONORATI

02/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ZOERNER, ROBERT
Address	19505 QUESADA AVENUE UNIT K-101
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	LABAND, PETER
Address	19505 QUESADA AVE R-104
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	VP
Name	HUGHES, RICHARD
Address	19505 QUESADA AVE A-106
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	TREASURER
Name	COSTELLO, LESLEY
Address	2105 DELTA STREET
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	MGR
Name	ONORATI, TAMRA A
Address	21304 BERKSHIRE AVE
City-State-Zip:	PORT CHARLOTTE FL 33954

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: TAMRA A ONORATI**MANAGER**

02/17/2020

Electronic Signature of Signing Officer/Director Detail

Date