

**2024 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:**C/O STAR HOSPITALITY MANAGEMENT  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 US**FEI Number:** 59-2416983**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANAGEMENT, STAR HOSPITALITY  
C/O STAR HOSPITALITY MANAGEMENT  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 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:** STAR HOSPITALITY MANAGEMENT

04/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	TAYLOR, TY
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	VP
Name	SHARP, BONNIE
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	P
Name	KERCHER, WILLIAM
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	TREASURER
Name	COSTELLO, LESLEY
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	SECRETARY
Name	DUMMER, NANCY
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

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:** NANCY DUMMER

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04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date