FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

THE OAKS III CONDOMINIUM ASSOCIATION, INC.

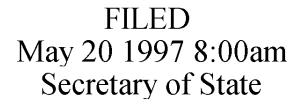
Principal Place of Business

Mailing Address

19505 QUESADA AVE PT CHARLOTTE FL 33948

2. Principal Place of Business

19505 OUESADA AVE PT CHARLOTTE FL 33948-2127





3a. Date of Last Report 03/07/1996

3. Date Incorporated or Qualified 07/05/1984

2. Principal P	lace of Business	2a. Mailing Address	⊢ ¬			4. FEI Number 59-2416983		Applied For	
11		26	4			09-24 10903		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	ertificate of Status Desired See Required \$8.75 Additional		
City & Stat	A	City & State				A Stantian Council of Stantia			
23		28	- ′			6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for int	tangible tax und	er s. 199.032,	
24 25 29 3						Florida Statutes			
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent					
DAVIES, CHRISTOPHER N 1415 HENDRY STREET					81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 13401 WORLD PLAZA LN., SUITE 2				
FORT MYERS FL 33902									
				84 City	- 0	14FRS, FL 33907	FL 85 2	ip Code	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regis								g its registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE									
12.		IDENTIFICATIONS (NOTE	Registered	Agent signature	required		DATE	1000 111 10	
TITLE	DT	ND DIRECTORS DELETE			DI	ADDITIONS/CHANGES TO OFFICE			
		DELETE					⊠ Chan	ge 🔲 Addition 👸	
NAME				12 NAME BERT 1. DOHNSON 19505 QUESTION AVE., # 3213					
STREET ADDRESS				13 STREET ADDRESS PORT CHARLOTTE, FL 33948				li li	
CITY-ST-ZIP				Y-S1-7IP					
TITLE	DVP	•			DV	P	∑ Chan	ge 🔲 Addition 🕻	
NAME			2.2 NA	ME	ADDRESS 19505 QUIESADA AVE., # 352				
STREET ADDRESS			2.3 \$1	ree1 address [ET ADDRESS 19505 QUESTON MVE., # 3822			۷	
CITY-ST-ZiP	PORT CHARLOTTE FL 2.40		2.400	TY-S1-ZIP	PORT CHARLOTTE, FL 33948				
TITLE	D	DELETE	3.1 111	LE	DT		✓ Chan	ge Addition	
NAME	LACEY, FRANCIS 3.2 N			ME I	CATHERINE RAYNOR				
STREET ADDRESS	4.00.00 00.00 0.00 0.00 0.00 0.00			REET ADDRESS	19505 QUESHOA! AVE, # 3822				
CITY-ST-ZIP	BODT OLIGICATE EL			1Y-S1-2IP	PORT CHARLOTTE, FL 33948				
TITLE	DS			1 F	ps		Chan	ge Addition	
NAME	ALLSOP, D. GILBERT		4 2 NA	LAGE .	w	ARREN GARDNER	p ond	go g ridokion	
STREET ADDRESS	19505 QUESADA AVENUE			REET ADDRESS	19	ARRAN GARDNAN 505 QUESADA AVE,	#3918		
CITY-ST-ZIP	PORT CHARLOTTE FL			ILLI MUUNESS		IT CHAKLOTTE, FL 3			
TITLE			4.4 CH		O		∑-Chan	ge Addition	
NAME	JOHNSON, BERT		5.2 NA		-	250 1141 DEVIC		ge <u>Je r</u> Addition	
STREET ADDRESS	AND ALICA AND ALICA HIS			REET ADDRESS	MAZEN WALTENCS 19505 QUESADA AVE. 1# 3913				
CITY-ST-ZIP	BOOT ALLEN OTTE EL								
TITLE	DELETE 611				PURT CHANLOTTE, 192 31945				
NAME		L. Deceit	6.2 NA	I				80 Ti vonition	
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP	ov certify that the information supplies	ad with this filing does not small	6.4 CIT	Y-ST-ZIP	Intod :	p Costion 110 07(3)(i) Florido Ctatuta-	1 from a serie .	Lat 15 a	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recolver or trusted to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.									