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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04034 (7)

1. Corporation Name

THE OAKS III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

19505 QUESADA AVE
PT CHARLOTTE FL 33948

Mailing Address

19505 QUESADA AVE
PT CHARLOTTE FL 33948-2127



3. Date Incorporated or Qualified
07/05/1984

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-2416983

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIES, CHRISTOPHER N
1415 HENDRY STREET
FORT MYERS FL 33902

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12601 WORLD PLAZA LN., SUITE 2

83

84 City

FORT MYERS, FL 33907

FL

85 Zip 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME CRUZ, SERGIO
STREET ADDRESS 19505 QUESADA AVE., #4122
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE DVP
NAME HALE, ROBERT
STREET ADDRESS 19505 QUESADA AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D
NAME LACEY, FRANCIS
STREET ADDRESS 19505 QUESADA AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE DS
NAME ALLSOP, D. GILBERT
STREET ADDRESS 19505 QUESADA AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE DP
NAME JOHNSON, BERT
STREET ADDRESS 19505 QUESADA AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME BERT L. JOHNSON
1.3 STREET ADDRESS 19505 QUESADA AVE., # 3213
1.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33948

2.1 TITLE DVP
2.2 NAME FRANCIS LACEY
2.3 STREET ADDRESS 19505 QUESADA AVE., # 3522
2.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33948

3.1 TITLE DT
3.2 NAME CATHERINE RAYNOR
3.3 STREET ADDRESS 19505 QUESADA AVE., # 3822
3.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33948

4.1 TITLE DS
4.2 NAME WARREN GARDNER
4.3 STREET ADDRESS 19505 QUESADA AVE., # 3918
4.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33948

5.1 TITLE D
5.2 NAME HAZEN WALTERS
5.3 STREET ADDRESS 19505 QUESADA AVE., # 3913
5.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33948

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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), Florida 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 receiver or trustee empowered 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.

CR2E037 (9/96)