

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04034** (7)
1. Corporation Name

THE OAKS III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
19505 QUESADA AVE PT CHARLOTTE FL 33948	19505 QUESADA AVE PT CHARLOTTE FL 33948

3. Date Incorporated or Qualified
07/05/1984

4. FEI Number	Applied For
59-2416983	<input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAVIES, CHRISTOPHER N
12601 WORLD PLAZA LN STE 2
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JOHNSON, BERT L	
STREET ADDRESS	19505 QUESADA AVE #3213	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	LACEY, FRANCIS	
STREET ADDRESS	19505 QUESADA AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LACEY, FRANCIS	
STREET ADDRESS	19505 QUESADA AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GARDNER, WARREN	
STREET ADDRESS	19505 QUESADA AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, BERT	
STREET ADDRESS	19505 QUESADA AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALTERS, HAZEN	
STREET ADDRESS	19505 QUESADA AVE #3913	
CITY-ST-ZIP	PORT CHARLOTT FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DTREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHNSON, BERT L	
1.3 STREET ADDRESS	19505 QUESADA AVE.	
1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33948	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PETERSON, JANICE	
2.3 STREET ADDRESS	19505 QUESADA AVE	
2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33948	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GARDNER, WARREN	
4.3 STREET ADDRESS	19505 QUESADA AVE	
4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33948	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WALTERS, HAZEN	
6.3 STREET ADDRESS	19505 QUESADA AVE.	
6.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	

14. I 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.

SIGNATURE:

REQUIRED

Jan 29/98

941-624-2073

CR2E037 (10/97)