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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90041 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04034

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/05/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2416983
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	24
25	29	30
6. Election Campaign Financing	Trust Fund Contribution	\$5.00 May Be Added to Fees

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, BERT L	1.2 NAME	BROOKS, THERESA
STREET ADDRESS	19505 QUESADA AVE	1.3 STREET ADDRESS	19505 QUESADA AVE.
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	DS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, JANICE	2.2 NAME	HAFFRON, PHILIP J.
STREET ADDRESS	19505 QUESADA AVE	2.3 STREET ADDRESS	19505 QUESADA AVE
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	2.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33948
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACEY, FRANCIS	3.2 NAME	GARDNER, WARREN
STREET ADDRESS	19505 QUESADA AVENUE	3.3 STREET ADDRESS	19505 QUESADA AVE
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, WARREN	4.2 NAME	PETERSON, JANICE
STREET ADDRESS	19505 QUESADA AVE	4.3 STREET ADDRESS	19505 QUESADA AVE
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, HAZEN	5.2 NAME	
STREET ADDRESS	19505 QUESADA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Theresa A. Brooks SIGNATURE REQUIRED: *Theresa A. Brooks*

1/25/99

941 624-2662

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