

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04034

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DT ☒ Delete
NAME VARCHETTO, STEPHEN
STREET ADDRESS 22525 NYACK AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE DS ☐ Delete
NAME BAKER, DONALD
STREET ADDRESS 19505 QUESADA AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE D ☐ Delete
NAME MARIN, DONALD
STREET ADDRESS 19505 QUESADA AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33943

TITLE DV ☐ Delete
NAME AKERS, MELVIN R
STREET ADDRESS 8991 REVERE RUN
CITY-ST-ZIP WEST CHESTER OH 45069

TITLE DP ☐ Delete
NAME MARSEE, FRED
STREET ADDRESS 433 ROBINS CREST LN
CITY-ST-ZIP MARYSVILLE OH 43040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☒ Change ☐ Addition
NAME RZASA, ANDREW T.
STREET ADDRESS 19505 QUESADA AVE # T203
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☒ Change ☐ Addition
NAME MARSEE, FRED
STREET ADDRESS 19505 QUESADA AVE # K102
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen Varchetto PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

Date

941 624 2662

Daytime Phone #

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90147 048 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2416983 ☐ Applied For
Not Applicable

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

CR2E037 (9/01)