

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$169 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 21 AM 9:54

**DOCUMENT # 760078 (6)**  
 1. Corporation Name  
**THE OAKS UNIT III CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 14100 NO 46 STR TAMPA FL 33613 US  
 PO BOX 13463 TAMPA FL 33681 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/17/1981** 3a. Date of Last Report **04/13/1994**  
 4. FEI Number **59-2267880** 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**  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 **10 Wise Property Mgmt**  
 22 City & State 27 **1628 N. 56th St**  
 23 Zip 28 **Tampa, FL**  
 24 Country 29 **33617** 30 Country

9. Name and Address of Current Registered Agent  
**LABARBERA, MICHAEL D  
 1907 W KENNEDY BLVD  
 TAMPA FL 33608**

10. Name and Address of New Registered Agent  
 81 Name **William C Spivey**  
 82 Street **10 Wise Property Mgmt**  
 83 City & State **1628 N. 56th St #8**  
 84 City **Tampa** 85 Zip Code **FL 33617**

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 *William C Spivey Prop. Mgt.* DATE **JUN 08 1995**

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	FRYE, ROBERT
STREET ADDRESS	14100 N. 46TH ST. J-108
CITY - ST - ZIP	TAMPA FL
TITLE	PD
NAME	ANDERSON, ELIZABETH
STREET ADDRESS	14100 N. 46TH ST., K-208
CITY - ST - ZIP	TAMPA FL
TITLE	TD
NAME	BRUNER, LYNN
STREET ADDRESS	14100 N 46TH ST K-201
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Anderson, Elizabeth	
13 STREET ADDRESS	14100 N 46th St. K-208	
14 CITY - ST - ZIP	Tampa, FL 33613	
21 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Leon Hammond	
23 STREET ADDRESS	9016 Quail Creek Dr. (K-206)	
24 CITY - ST - ZIP	Tampa, FL 33647	
31 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Chhabildas Doshi	
33 STREET ADDRESS	14100 N 46th St J-201	
34 CITY - ST - ZIP	Tampa, FL 33613	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Elizabeth Anderson* **ELIZABETH ANDERSON** 6-12-95 228-4111  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3-95)