

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 760078 (6)

1. Corporation Name
THE OAKS UNIT III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 14100 NO 46 STR TAMPA FL 33613 US
Mailing Address: C/O WISE PROPERTY MGMT. 7628 N 56TH STREET TAMPA FL 33617 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 09/17/1981
3a. Date of Last Report: 06/21/1995
4. FEI Number: 59-2267880
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
**SPIVEY, WILLIAM C.
C/O WISE PROPERTY MGMT.
7628 N. 56TH #8
TAMPA FL 33617**

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	ANDERSON, ELIZABETH	14100 N. 46TH STREET K-208 TAMPA FL
TITLE	SD	HAMMOND, LEON	9016 QUAIL CREEK DRIVE (K-206) TAMPA FL
TITLE	TD	CHHABILDAS, DOSHI	14100 N. 46TH STREET J-201 TAMPA FL
TITLE			
TITLE			
TITLE			

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	TD	GRODY, WALTER R.	14100 N. 46TH ST, J-103 TAMPA, FL 33613
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-STATE-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-STATE-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-STATE-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-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 119.07(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: *Walter R. Grody*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WALTER R. GRODY

March 22, 1996 (813) 588-3684
Date of Filing

CR2E037 (12/95)