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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 760078

THE OAKS UNIT III CONDOMINIUM ASSOCATION, INC.

FILED						
Apr 24 1998 8:	00am					
Secretary of S	State					

2. Principal Place of Business 2. As. Mailring Address 2. Set 19. 2. Sulte, Apt. 4, etc. 2, etc. 2. Sulte, Apt. 4, etc. 2, etc. 2	Principal Place	a or Business	•	N	ialling Address					
TAMPA R. 39817 US  S  TAMPA R. 39817 US  S  A. FEI Number  S-2267880 A.								3. Date Incorporated or Qualified		
Section   Sect									09/17/1981	
2. Principal Place of Business   2a. Mailing Address   59-2267880   Nat Applicable   28   59-2267880   Status   28   59-2267880   Status   28   59-2267880   Status   28   59-2267880   Status   29   59-226780   Status   29   59-2267880		'								
2. Principal Place of Business   2a. Malling Address   5. Certificate of Status Desired   58.75 Additional Fee Regulared   5. Substance   5. Certificate of Status Desired   5. Substance   5. Certificate or composition composition in homosomeric association?   2. Certificate or composition of the proposition owes or has paid the ourse/pyrear intangible Passent Pipoperly Tax due June 30.   2. Certificate or composition owes or has paid the ourse/pyrear intangible Passent Pipoperly Tax due June 30.   2. Certificate or composition owes or has paid the ourse/pyrear intangible Passent Pipoperly Tax due June 30.   2. Certificate or composition owes or has paid the ourse/pyrear intangible Passent Pipoperly Tax due June 30.   2. Certificate or composition owes or has paid the ourse/pyrear intangible Passent Pipoperly Tax due June 30.   2. Certificate or composition owes or has paid the ourse/pyrear intangible Passent Pipoperly Tax due June 30.   2. Certificate or composition owes or has paid the ourse/pyrear intangible Passent Pipoperly Tax due June 30.   2. Certificate or composition of New Yellows (P.O. Box Number is Not Acceptable)   No. Name and Address (P.O. Box Number is Not Acceptable)   No. Name and Address (P.O. Box Number is Not Acceptable)   No. Name and Address (P.O. Box Number is Not Acceptable)   No. Name and Address (P.O. Box Number is Not Acceptable)   No. Name and Address (P.O. Box Number is Not Acceptable)   No. Name and Address (P.O. Box Number is Not Acceptable)   No. Name and Address (P.O. Box Number is Not Acceptable)   No. Name and Address (P.O. Box Number is Not Acceptable)   No. Name and Address (P.O. Box Number is Not Acceptable)   No. Name and Address (P.O. Box Number is Not Acceptable)   No. Name and Address (P.O. Box Number is Not Acceptable)   N	00			0.	•					
Sulle, Apt. e. etc.    Sulle, Apt. e. etc.		ace of Busin	ess	$\vdash$	. Mailing Address				5. Certificate of Status Desired \$8.75 Additional	
Trust Fund Contribution   Added to Feee		#, etc.		1201	Suite, Apt. #, etc.					
Zip	22			27	•				Trust Fund Contribution Added to Fees	
28	23			28						
SPIVEY, WILLIAM C. C/O WISE PROPERTY MGMT. 7628 N. 56TH #8 TAMPA 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 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, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of. Section 617 0503, Profest Statutes.  SIGNATURE  Spounds typed or private frame of required agent and title 1 acplicable.  (NOIE Registered Agent introduction's board of directors. I hereby accept the appointment as registered agent, and familiar with a facilitation. The provided by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar familiar with and accept the obligations of. Section 617 0503, Profest Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADME  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. AMPA FL  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. AMPA FL  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. AMPA FL  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. AMPA FL  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. AMPA FL  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND	Zip	•	Country	lacksquare	Zip Country			•		
SPIVEY, WILLIAM C. C/O WISE PROPERTY MOMT. 7628 N. 56TH #8 TAMPA R. 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 agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and some of 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, and some of registered agent and time it acceptable.  SIGNATURE SUPPORT TO THE POPULATION OF THE PROPERTY OF THE POPULATION OF THE POP	24				<del> </del>	30				
SPIVEY, WILLIAM C. C/O WISE PROPERTY MGMT. 7828 N. 58TH #8 TAMPA PL 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, or horized agent, and familiar with, and accept the obligations of, Section 617.0502, Florida Statutes, fine above-named corporation submits this statement for the purpose of changing its registered agent, in familiar with, and accept the obligations of, Section 617.0502, Florida Statutes, fine above-named corporation submits this statement for the purpose of changing its registered agent, in familiar with, and accept the obligations of, Section 617.0502, Florida Statutes, fine above-named corporation submits this statement for the purpose of changing its registered agent, and familiar than a provided pr		-9. Name	and Address of Cu	rrent Regi	stered Agent		- 04			
C/O WISE PROPERTY MGMT. 7828 N. 56TH #8 TAMPA FL 33617  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-remod corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SUPPLIES AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  OFFICERS AND DIRECTORS  14100 N 46TH ST, K105  15 STREET ADDRESS  14100 N 46TH ST, J-202  22 STREET ADDRESS  14100 N 46TH ST, J-202  22 STREET ADDRESS  14100 N 46TH ST, J-202  22 STREET ADDRESS  14100 N 46TH ST, J-101  DELETE  11TILE  VTD  DELETE  11TILE  VTD  DELETE  4.1 TITLE  VTD  DELETE  4.1 TITLE  VTD  GUNTHERBERG, C. E.  14100 N 46TH ST, J-101  33 STREET ADDRESS  CITY-ST-2P  TAMPA FL  14100 N 46TH ST, J-101  TITLE  DELETE  4.1 TITLE  VTD  GUNTHERBERG, C. E.  14100 N 46TH ST, J-101  STAMPA FL  DELETE  4.1 TITLE  VTD  GUNTHERBERG, C. S.  14100 N 46TH ST, J-101  TITLE  DELETE  4.1 TITLE  VTD  GUNTHERBERG, C. S.  14100 N 46TH ST, J-101  TITLE  DELETE  4.1 TITLE  DELETE  4.1 TITLE  DELETE  4.1 TITLE  DELETE  5.1 TITLE  D		•					81	Name	8	
TAMPA FL 33617   Statutes   Sta							82 Street Address (P.O. Box Number is Not Acceptable)			
TAMPA 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, 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 and their applicable.    Signature hoad or protect name of registered agent and their applicable.   (NOTE Registered Agent agenture required when relinitating).   DATE			T thomas				83			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the aboven-area of corporation submits this statement for the purpose of change its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, and accept the obligations of Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, types or printed name of registered agent and the ** applicable**  NOTE: Registered Agent algebra registered agent and the ** applicable**  NOTE: Registered Agent algebra registered agent and the ** applicable**  NOTE: Registered Agent algebra registered agent and the ** applicable**  NOTE: Registered Agent algebra registered agent and the ** applicable**  NOTE: Registered Agent algebra registered agent and the ** applicable**  NOTE: Registered Agent algebra registered agent and the ** applicable**  NOTE: Registered Agent algebra registered agent and the ** applicable**  NOTE: Registered Agent algebra registered agent and the ** applicable**  NOTE: Registered Agent algebra registered agent and the ** applicable**  NOTE: Registered Agent algebra 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. The familiar with, and accept the obligations of, Section of 70,5003, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  TITLE  PD DELETE  1.1 ITILE  PD DELETE  1.1 ITILE  NAME  HALL, STEVEN  1.2 INME  1.2 INME  1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  SIGNATURE  SIRECT ADDRESS  CITY-S1-ZIP  TITLE  SO DELETE  1.1 ITILE  SIRECT ADDRESS  CITY-S1-ZIP  TITLE  SO DELETE  2.1 ITILE  SIRECT ADDRESS  CITY-S1-ZIP  TITLE  OUNTHERBERG, C. E.  1.4 ITILE  DELETE  4.2 ITILE  SIRECT ADDRESS  14 100 N 46TH ST, J-101  DELETE  3.3 STRECT ADDRESS  14 100 N 46TH ST, J-101  TITLE  OUNTHERBERG, C. E.  14 100 N 46TH ST, J-101  TITLE  NAME  SIRECT ADDRESS  14 100 N 46TH ST, J-101  TITLE  NAME  SIRECT ADDRESS  14 100 N 46TH ST, J-101  TITLE  DELETE  1.4 ITILE  DELETE  4.2 NAME  4.2 NAME  4.2 NAME  4.2 NAME  4.2 NAME  4.3 STRECT ADDRESS  14 100 N 46TH ST, J-101  TITLE  NAME  SIRECT ADDRESS  CITY-S1-ZIP  TITLE  DELETE  1.4 ITILE  DELETE  3.5 STRECT ADDRESS  1.4 ITILE  DELETE  3.5 ITILE  DELETE	***************************************						84	City	FL 85 Zip Code	
SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  HALL, STEVEN  14 100 N 46TH ST, K105  TITLE  MARE  PARKER, KERI  14 100 N 46TH ST, J-202  TITLE  MARE  TAMPA FL  TAMPA FL	11. Pursuant t	to the provisi	ons of Sections 617.	0502 and 6	17.1508, Florida Statu	ites, the	above	e-name	d corporation submits this statement for the purpose of changing its registered	
Signature typed or printed name of legistered aport and title if applicative (NOTE: Registered Aport eignature)		egistered age m familiar wil	ent, or both, in the S h, and accept the of	tate of Flor oligations o	ida. Such change was of, Section 617.0503, Fl	authoria Iorida Si	zed by tatutes	the co 3.	proration's board of directors. I hereby accept the appointment as registered	
TITLE		Signature, typed	or printed name of registere	agent and title	s if applicable (NO	TE: Registe	ered Age	mi signatu	ure required when reinstating) DATE	
MARE STREET ADORESS CITY-ST-ZIP TITLE SD DELETE TITLE SD DELETE TAMPA FL TITLE SO DELETE TAMPA FL TITLE TAMPA FL TITLE STREET ADORESS CITY-ST-ZIP TITLE TAMPA FL TITLE TAMPA FL TAMPA	12.		OFFICERS	AND DIRE		13	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
14100 N 46TH ST, K105	TITLE	PD			DELETE	1.1	TITLE		☐ Change ☐ Addition	
TAMPA FL  ITTLE  SD  PARKER, KERI  14100 N 46TH ST, J-202  TAMPA FL  TITLE  MANE  GUNTHERBERG, CE  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  TITLE  MANE  GUNTHERBERG, CE  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  TITLE  MANE  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  DELETE  4.1 TITLE  MANE  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  DELETE  4.2 HAME  4.2 HAME  4.2 HAME  4.3 STREET ADDRESS  CITY-ST-ZIP  THLE  MANE  STREET ADDRESS  CITY-ST-ZIP  THLE  DELETE  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  Change  Addition  Addition  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  ADDLETE  STREET ADDRESS  CITY-ST-ZIP  TAMPA, FL  3.3 G1.3  Change  Addition  Add	NAME	HALL, ST	reven			1.2	2 NAME			
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DELETE	CITY-ST-ZIP	TAMPA F	il i			3.4	4. CITY-S	ST- <b>ZI</b> P	TAMPA FL 33G13	
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CITY-ST-ZIP	NAME					4.3	2 NAME		GINSBURG, MICHELLE	
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP					6.4	CITY-S	T-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	14. I hereby c	ertify that the	information supplie	d with this	filing does not qualify I	for the e	exemp	tion sta	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
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 open attachment with an address.	officer or o Block 12 o	on this annua director of the or Block 13 if	a report or suppleme s corporation or the changed, or open a	receiver or attachment	trustee empowered to	execut	e this	report a	as required by Chapter 617, Florida Statutes; and that my name appears in	

NC.E. GUNTHERAFRA