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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90126 087 ****35.00

05-03-1999 90126 088 ****35.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760078

1. Corporation Name

THE OAKS UNIT III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7628 N 56TH ST
SUITE 8
TAMPA FL 33617
US

Mailing Address

7628 N 56TH ST
SUITE 8
TAMPA FL 33617
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/17/1981

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**

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 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

TITLE PD
NAME HALL, STEVEN
STREET ADDRESS 14100 N 46TH ST, K105
CITY-ST-ZIP TAMPA FL
☒ DELETE

TITLE SD
NAME PARKER, KERI
STREET ADDRESS 14100 N 46TH ST, J-202
CITY-ST-ZIP TAMPA FL
☒ DELETE

TITLE PD
NAME GUNTHERBERG, C E
STREET ADDRESS 14100 N 46TH ST, J-101
CITY-ST-ZIP TAMPA FL 33613
☐ DELETE

TITLE VTD
NAME GINSBURG, MICHELLE
STREET ADDRESS 14100 N 46TH STREET J207
CITY-ST-ZIP TAMPA FL 33613
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE SD
2.2 NAME BARONE, CAROLE
2.3 STREET ADDRESS 4209 WINDING MOSS TRAIL # 106
2.4 CITY-ST-ZIP TAMPA, FL 33613
☐ Change ☒ Addition

3.1 TITLE PD
3.2 NAME GUNTHERBERG, C.E.
3.3 STREET ADDRESS 4207 WINDING MOSS TRAIL # 101
3.4 CITY-ST-ZIP TAMPA, FL 33613
☒ Change ☐ Addition

4.1 TITLE TD
4.2 NAME FINE, KIMBERLY
4.3 STREET ADDRESS 4207 WINDING MOSS TRAIL #102
4.4 CITY-ST-ZIP TAMPA, FL 33613
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: C. E. Guntherberg 9/6/99 813-979-9356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)