

# 2001 UNIFORM BUSINESS REPORT (UBR)

03-19-2001 90394 001 \*\*\*\*30.62  
 03-19-2001 90394 002 \*\*\*\*30.62  
 760078

0055204

**DOCUMENT # 760078**

1. Entity Name

**THE OAKS UNIT III CONDOMINIUM ASSOCIATION, INC.**

**FILED**

**01 MAR 19 PM 12: 26**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>VAN GUARD MANAGEMENT 9300 N. 16TH ST. TAMPA FL 33612 US</b>		Mailing Address <b>VAN GUARD MANAGEMENT 9300 N. 16TH ST. TAMPA FL 33612 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2267880</b>			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MOYER, BOB C/O VANGUARD MGMT 9300 N. 16TH ST. TAMPA FL 33612</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		<b>FL</b>	

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]* *[Signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BARONE, CAROLE 4209 WINDING MOSS TRAIL #106 TAMPA FL 33613</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>K-106</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GUNTHERBERG, C E 9607 TOWANDA LANE PORT RICHEY FL 34668</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BURCH, VALURIE 4209 WINDING NG MOSS TRAIL #105 TAMPA FL 33613</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TD RABAZZI, ADREINNE 4209 WINDING MOSS TRAIL, #104 TAMPA, FL 33613</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A MOYER, BOB 9300 N. 16TH ST. TAMPA FL 33612</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* *[Signature]*

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **(813) 930-8036**

Daytime Phone #

CR2E037 (10/00)

3/201