

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0040607

**DOCUMENT # 760078**

1. Entity Name

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

04-10-2002 90776 001 \*\*\*\*30.62  
 04-10-2002 90776 002 \*\*\*\*30.63

|  |  |
|--|--|
| Principal Place of Business<br><b>VAN GUARD MANAGEMENT<br/>         9300 N. 16TH ST.<br/>         TAMPA FL 33612<br/>         US</b> | Mailing Address<br><b>VAN GUARD MANAGEMENT<br/>         9300 N. 16TH ST.<br/>         TAMPA FL 33612<br/>         US</b> |
|--|--|

**7 6 5 5 5**



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip   | Country                                   |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2267880</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MOYER, BOB  
 C/O VANGUARD MGMT  
 9300 N. 16TH ST.  
 TAMPA FL 33612**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 **X** *Bob Moyer - Agent* **04-05-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25** <sup>30-62</sup> <sup>30-63</sup>

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>BARONE, CAROLE<br/>4209 WINDING MOSS TRAIL #K-106<br/>TAMPA FL 33613</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>GUNTHERBERG, C E<br/>9607 TOWANDA LANE<br/>PORT RICHEY FL 34668</b> <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>RAGAZZI, ADREINNE<br/>4207 WINDING MOSS TRAIL, N-104<br/>TAMPA FL 33613</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>A<br/>MOYER, BOB<br/>9300 N. 16TH ST.<br/>TAMPA FL 33612</b> <input type="checkbox"/> Delete                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>BRIFING</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>J-104</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 supplement to 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 to this address, with all other like empowered.

SIGNATURE: **X** *Bob Moyer - Agent* **04-05-02 (813) 930-8036**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)