

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-26-2004 90010 001 ****30.62
 FILED 05-26-2004 90010 002 ****30.62
 760078

04 MAY 27 AM 11:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

66424153



MOORE CR2E037 (11/03)

DOCUMENT # 760078

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

Principal Place of Business: **VAN GUARD MANAGEMENT, 9300 N. 16TH ST., TAMPA FL 33612 US**

Mailing Address: **VAN GUARD MANAGEMENT, 9300 N. 16TH ST., TAMPA FL 33612 US**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **59-2267880**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
WINFIELD JANET, 9300 N. 16 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Janet Winfield* *Janet Winfield* DATE: 2-3-04

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

FILE NOW - FEE IS \$61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: SD	NAME: GRIFFING, CAROLE STREET ADDRESS: 4209 WINDING MOSS TRAIL #K-106 CITY-ST-ZIP: TAMPA FL 33613	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: PD	NAME: GUNTHERBERG, C E STREET ADDRESS: 9607 TOWANDA LANE CITY-ST-ZIP: PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: <i>Faleo, John</i> STREET ADDRESS: <i>4209 Winding Moss Trail #K-208</i> CITY-ST-ZIP: <i>Tampa, FL 33613</i>
TITLE: TD	NAME: RAGAZZI, ADREINNE STREET ADDRESS: 4207 WINDING MOSS TRAIL J-104 CITY-ST-ZIP: TAMPA FL 33613	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

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: *Adrienne A. Ragazzi* **ADRIENNE A. RAGAZZI** DATE: 5-24-04 DAYTIME PHONE #: 972-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR