2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# 760078

Entity Name: THE OAKS UNIT III CONDOMINIUM ASSOCATION, INC.

Current Principal Place of Business:

JULIA GALPIN REALTY, INC.
553 SOUTH DUNCAN AVENUE
CLEARWATER, FL 337566255 US

New Principal Place of Business:

Current Mailing Address:

JULIA GALPIN REALTY, INC.
553 SOUTH DUNCAN AVENUE
CLEARWATER, FL 337566255 US

New Mailing Address:

FEI Number: 59-2267880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JULIA GALPIN REALTY, INC.
553 SOUTH DUNCAN AVENUE
CLEARWATER, FL 337566255 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ADES, ARI
Address: 4207 WINDING MOSS TRAIL #J-103
City-St-Zip: TAMPA, FL 33613

Title: VP ( ) Delete
Name: HAMMOND, LEON
Address: 9016 QUAIL CREEK DR.
City-St-Zip: TAMPA, FL 33647

Title: ST ( ) Delete
Name: DEPONTE, MICHAEL
Address: 4209 WINDING MOSS TRAIL - #203
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: ADES, ARI
Address: 4207 WINDING MOSS TRAIL #J-103
City-St-Zip: TAMPA, FL 33613

Title: P (X) Change ( ) Addition
Name: HAMMOND, LEON
Address: 9016 QUAIL CREEK DR.
City-St-Zip: TAMPA, FL 33647

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON HAMMOND P 03/10/2009

Electronic Signature of Signing Officer or Director — Date