

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # 760078**

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



03-31-2003 90840 001 \*\*\*\*30.63  
03-31-2003 90840 002 \*\*\*\*30.62

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**MOYER, BOB**  
**C/O VANGUARD MGMT**  
**9300 N. 16TH ST.**  
**TAMPA FL 33612**

Name **WINFIELD, JANET**

Street Address (P.O. Box Number is Not Acceptable)

**9300 N. 16 ST.**

City **TAMPA**

FL

Zip Code **33612**

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*  
Signature typed or printed name of registered agent and title if applicable

**AGENT -**  
**JANET WINFIELD**

**3-28-03**

DATE

**FILE NOW: FEE IS \$61.25**

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** ☐ Delete  
NAME **GRIFFING, CAROLE**  
STREET ADDRESS **4209 WINDING MOSS TRAIL #K-106**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **GUNTHERBERG, C E**  
STREET ADDRESS **9607 TOWANDA LANE**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **RAGAZZI, ADREINNE**  
STREET ADDRESS **4207 WINDING MOSS TRAIL J-104**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **A** ☒ Delete  
NAME **MOYER, BOB**  
STREET ADDRESS **9300 N. 16TH ST.**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *Janet Winfield*  
**SIGNATURE REQUIRED**

**AGENT -**  
**JANET WINFIELD** **3-28-03** **930-4036**

CR2E037 (10/02)