

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008236

**Entity Name:** OAKES ESTATES NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

5690 HIDDEN OAKS LANE  
NAPLES, FL 34119

**Current Mailing Address:**

PO BOX 111046  
NAPLES, FL 34108

**FEI Number:** 59-3756630

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NICOLA, JOHN  
5690 HIDDEN OAKS LN  
NAPLES, FL 34119 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            FRY, KARL  
Address        6090 HIDDEN OAKS LANE  
City-State-Zip: NAPLES FL 34119

Title            VP  
Name            VITTE, MIKE  
Address        1390 OAKES BLVD.  
City-State-Zip: NAPLES FL 34119

Title            SEC  
Name            IAMURRI, TERRY  
Address        6211 GOLDEN OAKS LANE  
City-State-Zip: NAPLES FL 34119

Title            TRES  
Name            NICOLA, JOHN  
Address        5690 HIDDEN OAKS LANE  
City-State-Zip: NAPLES FL 34119

Title            D  
Name            PALLADINO, ANTHONY  
Address        6460 HIDDEN OAKS LANE  
City-State-Zip: NAPLES FL 34119

Title            D  
Name            GARCIA, HIRAM  
Address        1180 OAKES BLVD.  
City-State-Zip: NAPLES FL 34119

Title            DIRECTOR  
Name            SPANO, NIC  
Address        5961 SPANISH OAKS LANE  
City-State-Zip: NAPLES FL 34119

Title            DIRECTOR  
Name            RINGHOFER, JAMIE  
Address        2290 OAKES BLVD.  
City-State-Zip: NAPLES FL 34119

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN A. NICOLA

TRES.

04/07/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            GLASE, JAMES  
Address        6355 HIDDEN OAKS LANE  
City-State-Zip:  NAPLES FL 34119