

**2021 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 ELLIS, TOM  
Address 5940 STANDING 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 DIRECTOR  
Name THOMPSON, JOE  
Address 5881 ENGLISH OAKS LANE  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR  
Name WALKER, BOB  
Address 2171 OAKES BLVD.  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR  
Name ELLINGTON, PHILIP  
Address 6040 HIDDEN OAKS LANE  
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 NICOLA

TRES.

04/12/2021

\_\_\_\_\_  
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

Title DIRECTOR  
Name RICE, JIM  
Address 1990 OAKES BLVD.  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR  
Name WILLIAMS, RUSSELL  
Address 5791 BUR OAKS  
City-State-Zip: NAPLES FL 34119