

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760078

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** THE OAKS UNIT III CONDOMINIUM ASSOCIATION, 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  
Name: HAMMOND, LEON  
Address: 9016 QUAIL CREEK DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: VP  
Name: GILLISPIE, THOMAS  
Address: 5606 LARK MEADOW PLACE  
City-St-Zip: LITHIA, FL 33547

Title: ST  
Name: CALTA, STEVEN  
Address: 47 36TH AVENUE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32550

Title: D  
Name: CALTA, TESSIE  
Address: 4209 WINDING MOSS TRAIL K-102  
City-St-Zip: TAMPA, FL 33613

Title: D  
Name: MINEO, TIMOTHY  
Address: 8506 N 9TH STREET  
City-St-Zip: TAMPA, FL 33604

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: LEON HAMMOND

P

03/20/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date