

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90064 026 \*\*\*\*61.25

**DOCUMENT # N04034**

1. Entity Name

THE OAKS III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

19505 QUESADA AVE  
PT CHARLOTTE FL 33948

19505 QUESADA AVE  
PT CHARLOTTE FL 33948

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2416983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIES, CHRISTOPHER N  
2375 TAMiami TRAIL  
NAPLES FL 34103

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 DT  
NAME YOCUM, NANCY ☐ Delete  
STREET ADDRESS 12 AHRENS PLACE  
CITY-ST-ZIP FREDONIA NY 14063

TITLE DP ☒ Change ☐ Addition  
NAME Williams, Jack  
STREET ADDRESS 1589 Hollister Road  
CITY-ST-ZIP Owego, NY 13827

TITLE DV ☐ Delete  
NAME WILLIAMS, JACK  
STREET ADDRESS 1589 HOLLISTER ROAD  
CITY-ST-ZIP OWEGO NY 13827

TITLE DV ☒ Change ☐ Addition  
NAME Hunt, Duwain  
STREET ADDRESS 19505 Quesada Ave 1102  
CITY-ST-ZIP Port Charlotte, FL 33948

TITLE DF ☒ Delete  
NAME DEEVERS, CHRIS P  
STREET ADDRESS 2256 FROST RD  
CITY-ST-ZIP STREETSBO RO OH 44241

TITLE DS ☐ Change ☒ Addition  
NAME Kiss, Fred  
STREET ADDRESS 19505 Quesada Ave 1101  
CITY-ST-ZIP Port Charlotte FL 33948

TITLE DS ☐ Delete  
NAME HUNT, DUWAIN  
STREET ADDRESS 19505 QUESADA AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE D ☐ Change ☒ Addition  
NAME Oleyar, Paul  
STREET ADDRESS 8397 Noble Loon St. NW  
CITY-ST-ZIP Massillon, OH 44646

TITLE D ☒ Delete  
NAME JARBOE, RAY  
STREET ADDRESS 3376 GRASSMERE DRIVE  
CITY-ST-ZIP LEXINGTON KY 40503

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 exemptions contained in Section 119, 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:

*Jack Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Page: Page #