

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04034

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** THE OAKS III CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

19505 QUESADA AVE  
PT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

19505 QUESADA AVE  
PT CHARLOTTE, FL 33948

**New Mailing Address:**

**FEI Number:** 59-2416983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FILEMAN, ARIANA R  
110 SULLIVAN STREET - SUITE 111  
PUNTA GORDA, FL 339503660 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: PRES  
Name: HUNT, DUWAIN  
Address: 19505 QUESADA AVENUE K102  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP  
Name: STAVROPOULOS, JUDY  
Address: 19505 QUESADA AVENUE T202  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DS  
Name: LEONARD, FRANK  
Address: 217 WILDERNESS WAY  
City-St-Zip: MONETA, VA 24121

Title: DT  
Name: ZOERNER, ROBERT  
Address: 68778 TWILIGHT STREET  
City-St-Zip: EDWARDSBURG, MI 49112

Title: DL  
Name: KUSS, FERDINAND  
Address: 19505 QUESADA AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33948

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: DUWAIN HUNT

PRES

01/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date