

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:19

DOCUMENT # **744414** (4)

1. Corporation Name

**TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM III ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/27/1978**  
3a. Date of Last Report: **03/15/1994**

4. FEI Number: **59-1895805**  
Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

Principal Place of Business		Mailing Address	
10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668		10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668	
21	2a. Mailing Address	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27	27	
City & State		City & State	
23	28	28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**QUALIFIED PROPERTY MANAGEMENT INC**  
10730 U.S. HIGHWAY 19  
SUITE 17  
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CONLON, MARY ELLEN
STREET ADDRESS	11340-6 CARRIAGE HILL DR.
CITY-ST-ZIP	PORT RICHEY FL
TITLE	VD
NAME	O'MEARA, KATHLEEN
STREET ADDRESS	8220-5 SULKY CT.
CITY-ST-ZIP	PORT RICHEY FL
TITLE	TD
NAME	VAN HOUTEN, VINCENT
STREET ADDRESS	11340-2 CARRIAGE HILL DR.
CITY-ST-ZIP	PORT RICHEY, F
TITLE	SD
NAME	GESCHWIND, DAVID
STREET ADDRESS	8210-1 SULKY CT.
CITY-ST-ZIP	PORT RICHEY FL
TITLE	D
NAME	MOLONEY, RUTH
STREET ADDRESS	8230-3 SEVEN OAKS CT.
CITY-ST-ZIP	PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robillard, Leo
3.3 STREET ADDRESS	8230-5 Seven Oaks Court
3.4 CITY-ST-ZIP	Port Richey, FL 34668
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leo J. Robillard  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_