

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 744414 (4)

1. Corporation Name
TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM III ASSOCIATION, INC.



Principal Place of Business 10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668	Mailing Address 10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668
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3. Date Incorporated or Qualified 09/27/1978	3a. Date of Last Report 03/13/1995
4. FEI Number 59-1895805	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 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	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CONLON, MARY ELLEN
STREET ADDRESS	11340-6 CARRIAGE HILL DR.
CITY-ST-ZIP	PORT RICHEY FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	O'MEARA, KATHLEEN
STREET ADDRESS	8220-5 SULKY CT.
CITY-ST-ZIP	PORT RICHEY FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	ROBILLARD, LEO
STREET ADDRESS	8230-5 SEVEN OAKS COURT
CITY-ST-ZIP	PORT RICHEY, F
TITLE	SD <input type="checkbox"/> DELETE
NAME	GESCHWIND, DAVID
STREET ADDRESS	8210-1 SULKY CT.
CITY-ST-ZIP	PORT RICHEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MOLONEY, RUTH
STREET ADDRESS	8230-3 SEVEN OAKS CT.
CITY-ST-ZIP	PORT RICHEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	O'Meara, Frank
1.3 STREET ADDRESS	8220-5 Sulky Court
1.4 CITY-ST-ZIP	Port Richey, FL
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 119.07(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: X *Leo Robillard* **3-13-96** **813-812-8512**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)