

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744414 (4)

1. Corporate 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 34668-2883
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3. Date Incorporated or Qualified 09/27/1978	3a. Date of Last Report 03/19/1996
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

4. FEI Number 59-1895805	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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	

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. City	
84. State	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'NEARA, FRANK	1.2 NAME	Jones, Stuart
STREET ADDRESS	8220-5 SULKY COURT-	1.3 STREET ADDRESS	9231-1 Seven Oaks Ct.
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	Port Richey, FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'NEARA, KATHLEEN	2.2 NAME	Genga, Mary
STREET ADDRESS	8220-5 SULKY CT.---	2.3 STREET ADDRESS	11340-1 Carriage Hill Dr.
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	Port Richey, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBILLARD, LEO	3.2 NAME	Liddicoat, Bill
STREET ADDRESS	8230-5 SEVEN OAKS COURT	3.3 STREET ADDRESS	8221-5 Sulky Ct.
CITY-ST-ZIP	PORT RICHEY, FL	3.4 CITY-ST-ZIP	Port Richey, FL
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GESCHWIND, DAVID	4.2 NAME	
STREET ADDRESS	8210-1 SULKY CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLONEY, RUTH---	5.2 NAME	Dubyk, Michael
STREET ADDRESS	8230-3 SEVEN OAKS CT.---	5.3 STREET ADDRESS	8231-5 Seven Oaks Ct.
CITY-ST-ZIP	PORT RICHEY FL---	5.4 CITY-ST-ZIP	Port Richey, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Bill Liddicoat* 3-18-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0068308

CR2E037 (9/96)