

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744414 (4)**

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



Principal Place of Business <b>10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668</b>	Mailing Address <b>10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668</b>
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3. Date Incorporated or Qualified  
**09/27/1978**

4. FEI Number  
**59-1895605**

Applied For	
Not Applicable	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, STUART</b>	
STREET ADDRESS	<b>9231-1 SEVEN OAKS CT.</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GENGA, MARY</b>	
STREET ADDRESS	<b>11840-1 CARRIAGE HILL DR.</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>LIDICOAT, BILL</b>	
STREET ADDRESS	<b>8221-5 SULKY CT.</b>	
CITY-ST-ZIP	<b>PORT RICHEY, FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GESCHWIND, DAVID-</b>	
STREET ADDRESS	<b>8210-1 SULKY CT.</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DUBYK, MICHAEL</b>	
STREET ADDRESS	<b>8231-5 SEVEN OAKS CT.</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Addition
2.2 NAME	<b>VD</b>
2.3 STREET ADDRESS	<b>LaConte, Mary</b>
2.4 CITY-ST-ZIP	<b>8231-2 Seven Oaks Ct. Port Richey, FL</b>
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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>SD</b>
4.3 STREET ADDRESS	<b>Butkiewicz, Adele</b>
4.4 CITY-ST-ZIP	<b>8220-2 Sul'ky Ct. Port Richey, FL</b>
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 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 checked, or on an attachment with an address.

SIGNATURE: *Stuart V. Jones* **Stuart V. Jones 1/31/98 43 863-594**

CR2E037 (10/97)