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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 744414

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/27/1978	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				59-1895805	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
QUALIFIED PROPERTY MANAGEMENT INC 10730 U.S. HIGHWAY 19 SUITE 17 PORT RICHEY FL 34668				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, STUART		1.2 NAME				
STREET ADDRESS	9231-1 SEVEN OAKS CT.		1.3 STREET ADDRESS				
CITY-ST-ZIP	PORT RICHEY FL		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACONTE, MARY		2.2 NAME				
STREET ADDRESS	8231-2 SEVEN OAKS CT		2.3 STREET ADDRESS				
CITY-ST-ZIP	PORT RICHEY FL		2.4 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIDDICOAT, BILL		3.2 NAME	Lee, Elizabeth			
STREET ADDRESS	8221-5 SULKY CT.		3.3 STREET ADDRESS	11340-4 Carriage Hill Dr.			
CITY-ST-ZIP	PORT RICHEY, FL		3.4 CITY-ST-ZIP	Port Richey, FL			
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	TS			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTKIEWICS, ADELE		4.2 NAME				
STREET ADDRESS	8220-2 SULKY CT		4.3 STREET ADDRESS				
CITY-ST-ZIP	PORT RICHEY FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBYK, MICHAEL		5.2 NAME				
STREET ADDRESS	8231-5 SEVEN OAKS CT.		5.3 STREET ADDRESS				
CITY-ST-ZIP	PORT RICHEY FL		5.4 CITY-ST-ZIP				
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 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, with all other like empowered.

SIGNATURE: *Stuart Jones* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 3/10/99 DAYTIME PHONE #: 727/863-5956

CR2E037 (1/98)