

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90254 041 ****61.25

DOCUMENT # 744414			
1. Entity Name			
TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM III ASSOCIATION, INC.			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



J4UJ0J1U



MOORE CR2E037 (11/03)

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUALIFIED PROPERTY MANAGEMENT INC 10730 U.S. HIGHWAY 19 SUITE 17 PORT RICHEY FL 34668		-Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, STUART	NAME	
STREET ADDRESS	9231-1 SEVEN OAKS CT.	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETZ, WAYNE	NAME	
STREET ADDRESS	11310-3 CARRIAGE HILL DR	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMELIO, MARY	NAME	Ehrenberg, Ruth
STREET ADDRESS	8231-1 SEVEN OAKS CT.	STREET ADDRESS	8230-6 Seven Oaks Court
CITY-ST-ZIP	PORT RICHEY FL 34668	CITY-ST-ZIP	Port Richey, FL
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PESALE, MARIE	NAME	
STREET ADDRESS	8230-1 SEVEN OAKS CT	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBYK, MICHAEL	NAME	
STREET ADDRESS	8231-5 SEVEN OAKS CT.	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne A. Getz WAYNE A. GETZ 4/7/04 (722) 863-9755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #