


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08 2005 08:00 AM
Secretary of State

DOCUMENT # 744414 <small>1. Entity Name</small> TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM III ASSOCIATION, INC.	
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<small>Principal Place of Business</small> 10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668	<small>Mailing Address</small> 10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668
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<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>	
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>	<small>City & State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small> <small>Country</small>



1st MOORE CR2E037 (10/04)

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

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;"><small>Name</small></td></tr> <tr><td style="padding: 2px;"><small>Street Address (P.O. Box Number is Not Acceptable)</small></td></tr> <tr><td style="padding: 2px;"><small>City</small> FL <small>Zip Code</small></td></tr> </table>	<small>Name</small>	<small>Street Address (P.O. Box Number is Not Acceptable)</small>	<small>City</small> FL <small>Zip Code</small>
<small>Name</small>				
<small>Street Address (P.O. Box Number is Not Acceptable)</small>				
<small>City</small> FL <small>Zip Code</small>				

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) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing <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		
<small>TITLE</small>	PD JONES, STUART	<input type="checkbox"/> Delete	<small>TITLE</small>	U00000293314	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	9231-1 SEVEN OAKS CT.		<small>NAME</small>	04/08/05-80024-007 61.25	
<small>STREET ADDRESS</small>	PORT RICHEY FL		<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>			<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	VD GETZ, WAYNE	<input type="checkbox"/> Delete	<small>TITLE</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	11310-3 CARRIAGE HILL DR		<small>NAME</small>		
<small>STREET ADDRESS</small>	PORT RICHEY FL 34668		<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>			<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	SD EHRENBERG, RUTH	<input type="checkbox"/> Delete	<small>TITLE</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	8230 6 SEVEN OAKS CT.		<small>NAME</small>		
<small>STREET ADDRESS</small>	PORT RICHEY FL 34668		<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>			<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	TD PESALE, MARIE	<input type="checkbox"/> Delete	<small>TITLE</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	8230-1 SEVEN OAKS CT		<small>NAME</small>		
<small>STREET ADDRESS</small>	PORT RICHEY FL		<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>			<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	D DUBYK, MICHAEL	<input type="checkbox"/> Delete	<small>TITLE</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	8231-5 SEVEN OAKS CT.		<small>NAME</small>		
<small>STREET ADDRESS</small>	PORT RICHEY FL		<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>			<small>CITY-ST-ZIP</small>		
<small>TITLE</small>		<input type="checkbox"/> Delete	<small>TITLE</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>			<small>NAME</small>		
<small>STREET ADDRESS</small>			<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>			<small>CITY-ST-ZIP</small>		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Stuart V. Jones Stuart V. Jones 3/31/05-777/863-57