


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90022 020 ****61.25

DOCUMENT # 744414

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.


City & State

City & State

Zip Country

Zip Country

4000



01042006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1895805

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

QUALIFIED PROPERTY MANAGEMENT INC
 10730 U.S. HIGHWAY 19
 SUITE 17
 PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PB-	<input type="checkbox"/> Delete
NAME	JONES, STUART-	
STREET ADDRESS	9231-1 SEVEN OAKS CT.	
CITY-ST-ZIP	PORT RICHEY, FL -	
TITLE	VD-	<input type="checkbox"/> Delete
NAME	GETZ, WAYNE -	
STREET ADDRESS	41340-3 CARRIAGE HILL DR -	
CITY-ST-ZIP	PORT RICHEY, FL 34668 -	
TITLE	SD-	<input type="checkbox"/> Delete
NAME	EHRENBERG, RUTH -	
STREET ADDRESS	6236-6 SEVEN OAKS CT.	
CITY-ST-ZIP	PORT RICHEY, FL 34668 -	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PESALE, MARIE -	
STREET ADDRESS	6236-1 SEVEN OAKS CT -	
CITY-ST-ZIP	PORT RICHEY, FL -	
TITLE	D-	<input type="checkbox"/> Delete
NAME	DUBYK, MICHAEL -	
STREET ADDRESS	6231-5 SEVEN OAKS CT -	
CITY-ST-ZIP	PORT RICHEY, FL -	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Stuart	
STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	Port Richey, FL	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Getz, Wayne	
STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	Port Richey, FL	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ehrenberg, Ruth	
STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	Port Richey, FL	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pesale, Marie	
STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	Port Richey, FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dubyk, Michael	
STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	Port Richey, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **Date:** *3/17/06* **Daytime Phone #:** *727-863-5306*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR