
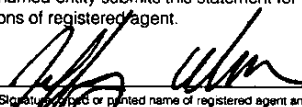
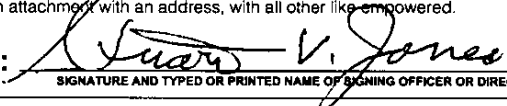


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90058 016 \*\*\*\*61.25

<b>DOCUMENT # 744414</b>			
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 - No P.O. Box # Suite, Apt. #, etc. 2435 US 19 #270		3. Mailing Address Suite, Apt. #, etc. ← same	
City & State Holiday FL		City & State	
Zip 34691	Country USA	Zip	Country
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: Jeffrey Ulm Street Address (P.O. Box Number is Not Acceptable): 40 Goldstar Mgmt Co. 2435 US 19 #270 City: Holiday FL Zip Code: 34691	
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:  Jeffrey Ulm		DATE: 1/16/07	
Filing Fee is \$61.25 Due by May 1, 2007		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD	NAME: JONES, STUART	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Stuart Jones
STREET ADDRESS: 10730 US 19, STE 17	CITY-ST-ZIP: PORT RICHEY, FL 34668	STREET ADDRESS: 8231-5 Seven Oaks Ct	CITY-ST-ZIP: Port Richey FL 34668
TITLE: VD	NAME: GETZ, WAYNE	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 10310-3 Carriage Hill Dr
STREET ADDRESS: 10730 US 19, STE 17	CITY-ST-ZIP: PORT RICHEY, FL 34668	STREET ADDRESS: 10310-3 Carriage Hill Dr	CITY-ST-ZIP: Port Richey FL 34668
TITLE: SD	NAME: EHRENBERG, RUTH	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 8230-6 Seven Oaks Ct
STREET ADDRESS: 10730 US 19, STE 17	CITY-ST-ZIP: PORT RICHEY, FL 34668	STREET ADDRESS: 8230-6 Seven Oaks Ct	CITY-ST-ZIP: Port Richey FL 34668
TITLE: TD	NAME: PESALE, MARIE	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: TD Marian P. Van Houten
STREET ADDRESS: 10730 US 19, STE 17	CITY-ST-ZIP: PORT RICHEY, FL 34668	STREET ADDRESS: 11340-2 Carriage Hill Dr	CITY-ST-ZIP: Port Richey FL 34668
TITLE: D	NAME: DUBYK, MICHAEL	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 8231-5 Seven Oaks Ct
STREET ADDRESS: 10730 US 19, STE 17	CITY-ST-ZIP: PORT RICHEY, FL 34668	STREET ADDRESS: 8231-5 Seven Oaks Ct	CITY-ST-ZIP: Port Richey FL 34668
TITLE:	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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: 		DATE: 1/16/07 727-863-5956	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40011111



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1895805 Applied For Not Applicable

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

2/16/07 PK