

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744414

FILED  
Feb 11, 2010  
Secretary of State

**Entity Name:** TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM III ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 59-1895805      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCLAIN, JOHN  
Address: 8231 SEVEN OAKS CT #2  
City-St-Zip: PORT RICHEY, FL 34668

Title: VPD  
Name: OLSON, HAROLD  
Address: 1141 YOSEMITE RD  
City-St-Zip: OCONOMOWOC, WI 53066

Title: SD  
Name: EHRENBERG, RUTH  
Address: 8230 SEVEN OAKS CT #6  
City-St-Zip: PORT RICHEY, FL 34668

Title: TD  
Name: ACKERMAN, GERALD  
Address: 8211 SULKY CT #2  
City-St-Zip: PORT RICHEY, FL 34668

Title: D  
Name: WEHNER, TONY  
Address: 6627 LOCHMOOR CT  
City-St-Zip: CLARKSTON, MI 48346

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN MCLAIN

PD

02/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date