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Apr 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748241

1. Corporation Name
FORESTBROOK III ASSOCIATION, INC.

Principal Place of Business % WANEK PROP. MGMT. 2155 NE COACHMAN RD. CLEARWATER FL 3 US	Mailing Address % WANEK PROP. MGMT. 2155 NE COACHMAN RD. CLEARWATER FL 33765-2616 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 07/30/1979	4. FEI Number 59-2005015	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WANEK PROPERTY MANAGEMENT 2155 N.E. COACHMAN RD. CLEARWATER FL 33765	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	NAME GRAFF, JAN <i>Ray Watts</i>	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>PD WATTS, RAY</i>
STREET ADDRESS 700 STARKEY RD #1222 <i>1523</i>	CITY-ST-ZIP LARGO FL	1.2 NAME	1.3 STREET ADDRESS <i>700 STARKEY RD. #1323</i>
TITLE <input type="checkbox"/> DELETE	NAME SD HYDE, ELIZABETH	1.4 CITY-ST-ZIP <i>LARGO FL</i>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 700 STARKEY RD SUITE 1313	CITY-ST-ZIP LARGO FL	2.2 NAME	2.2 STREET ADDRESS
TITLE <input checked="" type="checkbox"/> DELETE	NAME CAMPBELL, KAREN	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP <i>TD</i>
STREET ADDRESS 700 STARKEY ROAD, #1212	CITY-ST-ZIP LARGO FL	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>LEE, THOMAS</i>
TITLE <input type="checkbox"/> DELETE	NAME	3.2 NAME	<i>700 STARKEY RD. #1221</i>
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	<i>LARGO FL</i>
TITLE <input type="checkbox"/> DELETE	NAME	3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	4.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME	5.2 NAME	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	6.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Ray Watts* SIGNATURE REQUIRED *X 3/3/99* DATE *X 722-559-7086* DAYTIME PHONE #

CR2E037 (1-1/98)