


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

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90165 019 ****61.25

DOCUMENT # 748241
 1. Entity Name
FORESTBROOK III ASSOCIATION, INC.



Principal Place of Business Mailing Address
% WANEK PROP. MGMT. **% WANEK PROP. MGMT.**
2155 NE COACHMAN RD. **2155 NE COACHMAN RD.**
CLEARWATER FL 3 **CLEARWATER FL 33765-2616**
US **US**

90028004



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2005015 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WANEK PROPERTY MANAGEMENT
2155 N.E. COACHMAN RD.
CLEARWATER FL 33765

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)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CURRY, HAROLD	
STREET ADDRESS	700 STARKLEY RD #1124	
CITY-ST-ZIP	LARGO FL	
TITLE	VP TD	<input type="checkbox"/> Delete
NAME	LEE, THOMAS	
STREET ADDRESS	700 STARKLEY RD #1221	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, JAMES	
STREET ADDRESS	700 STARKEY RD #1226	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VENEZIANO, CAROL	
STREET ADDRESS	700 STARKEY RD #1313	
CITY-ST-ZIP	LARGO FL	
TITLE	D PD	<input type="checkbox"/> Delete
NAME	GAEUEHAN, FRANCIS	
STREET ADDRESS	700 STARKLEY RD #1324	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemption stated in Section 119.07(3)(i), 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 *F. J. Gaeuehan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-17-05 X ¹²⁷⁻ 518-9849
 Date Daytime Phone #