

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

FILED

Apr 08 2005 08:00 AM
Secretary of State

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



1st MOORE CR2E037 (10/04)

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, STUART 9231-1 SEVEN OAKS CT. PORT RICHEY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000293314 04/08/05-80024-007 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GETZ, WAYNE 11310-3 CARRIAGE HILL DR PORT RICHEY FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EHRENBURG, RUTH 8230 6 SEVEN OAKS CT. PORT RICHEY FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PESALE, MARIE 8230-1 SEVEN OAKS CT PORT RICHEY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBYK, MICHAEL 8231-5 SEVEN OAKS CT. PORT RICHEY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(f), 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 Stuart V. Jones 3/31/05-727/863-57

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #