2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-21-2006 90022 020 ****61.25 **DOCUMENT #744414** TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM III ASSOCIATION, INC. dan. Principal Place of Business Mailing Address 10730 U.S. 19 10730 U.S. 19 **SUITE 17** SUITE 17 PORT RICHEY, FL 34668 PORT RICHEY, FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-1895805 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUALIFIED PROPERTY MANAGEMENT INC 10730 U.S. HIGHWAY 19 Street Address (P.O. Box Number is Not Acceptable) SUITE 17 PORT RICHEY, FL 34668 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PB-TITLE ☐ Delete TITLE ☐ Addition JONES: STUART-Jones, Stuart 10730 U.S. 19, Suite 17 NAME NAME 9231-1-SEVEN OAKS-CT. STREET ADDRESS STREET ADDRESS PORTRICHEY, FL----CITY-ST-ZIP CITY-ST-ZIP Port Richev, FL TITLE VÐ-☐ Delete TITLE € Change ☐ Addition Getz, Wayne 10730 U.S. 19, Suite 17 GETZ: WAYNE ---STREET ADDRESS 41310-3 CARRIAGE HILL DR.... STREET ADDRESS CITY-ST-ZIP PORT RICHEY, Ft -34668- --CITY-ST-ZIP Port Richey, FL SB-☐ Delete TITLE TITLE Change Addition EHRENDERG-RUTH----Ehrenberg, Ruth NAME NAME 10730_U.S. 19, Suite 17 STREET ADDRESS 6236-6-SEVEN OAKS-GT: STREET ADDRESS PORT RICHEY, FL-34668---CITY-ST-ZIP CITY+ST-7IP Port Richey, FL ☐ Detete Change TITLE ŦĐ TM F TD ☐ Addition PESALE, MARIE --NAME Pesale, Marie 10730 U.S. 19, Suite 17 6236-1-SEVEN GAKS-GT --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT RICHEY, FL ----CITY-ST-ZIP Port Richey, FL Delete TITLE TITLE Change ☐ Addition Dubyk, Michael 10730 U.S. 19, Suite 17 NAME **DUBYK, MIGHAEL---**NAME 8231-5 SEVEN OAKS CT. -STREET ADDRESS STREET ADDRESS PORT-RICHEY, FL-CITY-ST-ZIP CITY-ST-ZIP Port Richey, FL ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H17/06 727-823-53

FILED Mar 21, 2006 8:00 am

Secretary of State