

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90058 016 ****61.25

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 - No P.O. Box # 70 Goldstar Mgmt Co		3. Mailing Address Same	
Suite, Apt. #, etc. 2435 US 19 #270		Suite, Apt. #, etc. 	
City & State Holiday FL		City & State 	
Zip 34691		Country USA	
4. FEI Number 59-1895805		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Jeffrey Ulm Street Address (P.O. Box Number is Not Acceptable) 70 Goldstar Mgmt Co. 2435 US 19 #270 City Holiday FL Zip Code 34691	
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 <small>Signature of registered agent or printed name of registered agent and title if applicable.</small>		Jeffrey Ulm <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 10730 US 19, STE 17 PORT RICHEY, FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stuart Jones 8231-5 Seven Oaks Ct Port Richey FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GETZ, WAYNE 10730 US 19, STE 17 PORT RICHEY, FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10310-3 Carriage Hill Dr Port Richey FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EHRENBERG, RUTH 10730 US 19, STE 17 PORT RICHEY, FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8230-6 Seven Oaks Ct Port Richey FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PESALE, MARIE 10730 US 19, STE 17 PORT RICHEY, FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Marian P. Van Houten 11340-2 Carriage Hill Dr Port Richey FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBYK, MICHAEL 10730 US 19, STE 17 PORT RICHEY, FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8231-5 Seven Oaks Ct Port Richey FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/16/07 <small>Date</small>	
		863-5956 <small>Daytime Phone #</small>	