

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR -5 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 763971 (9)

1. Corporation Name  
**FAIRWAYS OF TAMARAC CONDOMINIUM III ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
C/O BENCHMARK. 7932 WILES RD. CORAL SPRINGS FL 33067  
C/O BENCHMARK. 7932 WILES RD. CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1982 3a. Date of Last Report 04/01/1994

4. FEI Number 59-2391897 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**GOLDBERG, BRANA  
5600 SW 12TH ST.  
N. LAUDERDALE FL 33068-4003**

10. Name and Address of New Registered Agent  
81 Name **Brana Goldberg**  
82 Street Address (P.O. Box Number is Not Acceptable) **8450 Lagos de Campos Blvd. #104**  
83  
84 City **Tamarac, FL** 85 Zip Code **33321**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Brana Goldberg Pres* DATE: 3/31/95  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIRSCH, ANDREA
STREET ADDRESS	5600 S.W. 12TH ST.
CITY - ST - ZIP	N. LAUDERDALE FL
TITLE	PD
NAME	GOLDBERG, BRANA
STREET ADDRESS	5600 SW 12 ST.
CITY - ST - ZIP	N. LAUDERDALE FL
TITLE	VO
NAME	FIELDS, MEL
STREET ADDRESS	5600 SW 12 ST.
CITY - ST - ZIP	N. LAUDERDALE FL
TITLE	D
NAME	DRUMHELLER
STREET ADDRESS	5600 SW 12 ST.
CITY - ST - ZIP	N. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Audrey Goodman	
1.3 STREET ADDRESS	8450 Lagos de Campos Blvd. #310	
1.4 CITY - ST - ZIP	Tamarac, FL 33321	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brana Goldberg	
2.3 STREET ADDRESS	8450 Lagos de Campos Blvd. #104	
2.4 CITY - ST - ZIP	Tamarac, FL 33321	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mel Fields	
3.3 STREET ADDRESS	8450 Lagos de Campos Blvd. #301	
3.4 CITY - ST - ZIP	Tamarac, FL 33321	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Andrea Kirsh	
4.3 STREET ADDRESS	326 71st Street	
4.4 CITY - ST - ZIP	Miami Beach, FL 33141-3038	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pat Drumheller	
5.3 STREET ADDRESS	8450 Lagos de Campos Blvd. #208	
5.4 CITY - ST - ZIP	Tamarac, FL 33321	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: *Brana Goldberg Pres* DATE: 3/31/95 747-7706  
(Signature and typed or printed name of signing officer or director)