## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name 763971

(9)

FAIRWAYS OF TAMARAC CONDOMINIUM III ASSOCIATION, INC.

Principal Plac	e of Business	Mailing Address				T LAMES! SMULD DESCRIPTION OF THE VALUE OF T
C/O BENCHMA	.RK.	C/O BENCHMARK.				
7932 WILES RD. CORAL SPRINGS FL 33067		7932 WILES RD. CORAL SPRINGS FL 33067-2071				
						3. Date Incorporated or Qualified
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-2391897 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	h			5. Certificate of Status Desired  \$8.75 Additional
22		27			····	Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<b>23</b> Zip	Country	ttry Zip Ci		untry		
24	25	29	30	O1 (C) 3	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
24	9. Name and Address of Curre		30	Т-		10. Name and Address of New Registered Agent
			-	81	Name	
GOI DRE	ERG,BRANA			-		700 B. M. H. W. M. W.
	GOS DE CAMPOS BLVD. #104		82 Street Ad		Street A	Address (P.O. Box Number is Not Acceptable)
	AC FL 33321			83		
I CHRICH V	10 1 E 000E 1			<u></u>	<u> </u>	
				84	'	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617 1508, Florida Statut	es, the a	bov	e-named	corporation submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.						
SIGNATURE Signature typed or printed name of registered agent and trile if applicable (NOTE: Registered Agent signature required when rainstating).  DATE						
Signature Typed or printed name of registered agent and title if applicable (NOTE: R  12. OFFICERS AND DIRECTORS			E: Registere		ant signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE _	. TS - DELETE		_			S/D Lack Addition
NAME	KIRSCH, ANDREA					Audrey Goodman
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1			8450 Lagos de Campos Blvd. #310
CITY-ST-2IP	N. LAUDERDALE FL				ST-ZIP	Tamarac, FL 33321
TITLE			2.1 T		-	1/D Change Addition
NAME	GOLDBERG, BRANA		2.2 N	2.2 NAME		Andrea Kirsh
STREET ADDRESS	A 170 1 4 0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1			2.3 STREET ADDRESS		2535 Regatta Avenues Tile 2007
City-St-ZIP	ST-ZIP TAMARAC FL 33321			CITY-	· S7 - 21P	Miami Beach, FL 33140
TITLE	V/D DELETE		311	3.1 TITLE		Change Addition
NAME	FIELDS,MEL		3.2 N	<b>IAME</b>		
STREET ADDRESS	8450 LAGOS DE CAMPOS E	LVD. #301	3.3 S	TREET	T ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321		3.4.0	CITY-	ST-ZIP	
TITLE	D	- ST DELETE	4.1 7	ITLE		Change Addition
NAME	Kirsh, andrea		4.21	NAME	i l	
STREET ADDRESS	326 71ST ST.		4.3 S	TREE	T ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141-303		4.4.0	HY-S	ST-ZIP	
TITLE	D	☐ DELETE	511		- 1	Change Addition
NAME	DRUMHELLER, PAT			NAME		
STREET ADDRESS	8450 LAGOS DE CAMPOS 8	LVU. #208	5.3 5	STREET	T ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321				ST-ZIP	
TITLE		DELETE	6.1 1	ITLE		Change Addition
NAME			6.2 N	IAME		
STREET ADDRESS			6.3 9	TREE	T ADDRESS	
i i	1					

14. I do 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 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.