

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Apr 15 1998 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified
06/30/1982

4. FEI Number
59-2391897

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 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
8450 LAGOS DE CAMPOS BLVD. #104
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name **Melville S. Fields**

82 Street Address (P.O. Box Number is Not Acceptable)
8450 Lagos de Campos Blvd. #301

83

84 City **Tamarac** FL 85 Zip Code **33321**

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 *Melville S. Fields*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDRY GOODMAN	1.2 NAME	Melville S. Fields
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD. #310	1.3 STREET ADDRESS	8450 Lagos de Campos Blvd. #301
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREA KIRSH	2.2 NAME	Irv Goodman
STREET ADDRESS	2535 REGATTA AVENUE	2.3 STREET ADDRESS	8450 Lagos de Campos Blvd. #310
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, MEL	3.2 NAME	Audrey Goodman
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD. #301	3.3 STREET ADDRESS	8450 Lagos De Campos Blvd. #310
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRUMHELLER, PAT	4.2 NAME	Elys H. Silver
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD. #208	4.3 STREET ADDRESS	8450 Lagos de Campos Blvd. #309
CITY-ST-ZIP	TAMARAC FL 33321	4.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	000002489320 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-04/15/98--01042--004
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 or changed or on an attachment with an address.

SIGNATURE *Melville S. Fields*

4/15/98 (07) RYN - 5382

CR2E037 (10/97)