

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90089 032 ****61.25

003-381

DOCUMENT # 763971

1. Entity Name

FAIRWAYS OF TAMARAC CONDOMINIUM III ASSOCIATION,

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

00029919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2391897

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAYE & ROGER P.A.
6261 SW 6 WAY, SUITE 103
FORT LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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.

SIGNATURE: _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P FIELDS, MELVILLE	<input type="checkbox"/> Delete
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD. #301	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE NAME	V GOODMAN, IRV	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD. #310	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE NAME	STD GOODMAN, AUDREY	<input type="checkbox"/> Delete
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD. #310	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE NAME	DE SILVER, ELYS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD. #208	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE NAME	D SILVER, ELYS H	<input type="checkbox"/> Delete
STREET ADDRESS	8450 LARGOS DE CAMPOS BLVD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE NAME	D FIELDS, ADELADIES	<input type="checkbox"/> Delete
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD. #301	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE NAME	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Jean-Denis, Cassandra	
CITY-ST-ZIP	8450 Lagos De Campos Plvd Tamarac, FL 33321	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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

Melville Fields

3/14/01

Date

Daytime Phone #

CR2E037 (10/00)