


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90037 013 ****61.25

DOCUMENT # 763971

1. Entity Name
FAIRWAYS OF TAMARAC CONDOMINIUM III ASSOCIATION, INC.




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

Mailing Address
**C/O BENCHMARK.
 7932 WILES RD.
 CORAL SPRINGS, FL 33067**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



03252004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2391897

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERT KAVE & ASSOCIATES, PA
 6261 SW 6 WAY, SUITE 103
 FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FIELDS, MELVILLE	
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD. #301	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRY, KRISHNA	
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GOODMAN, AUDREY	
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD. #310	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVER, ELYS H	
STREET ADDRESS	8450 LARGOS DE CAMPOS BLVD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, GEORGE	
STREET ADDRESS	8450 LAGOS DE CAMPOS #306	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	SALVADOR, LUIS	
CITY-ST-ZIP	8450 LAGOS DE CAMPOS	
	TAMARAC FL 33321	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR - PRESIDENT	
STREET ADDRESS	YOUNG, GEORGE	
CITY-ST-ZIP	8450 LAGOS DE CAMPOS #306	
	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Audrey Goodman **3/29/04** **954 344 5353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #