


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

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
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03172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2391897	Applied For Not Applicable
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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**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALVADOR, LUIS 8450 LAGOS DE CAMPOS TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRY, KRISHNA 8450 LAGOS DE CAMPOS BLVD. TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOODMAN, AUDREY 8450 LAGOS DE CAMPOS BLVD. #310 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVER, ELYS H 8450 LARGOS DE CAMPOS BLVD TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YOUNG, GEORGE 8450 LAGOS DE CAMPOS #306 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000277658
 03/26/05-80037-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **AUDREY GOODMAN** 3/17/05 954-344-5353
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #