

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90196 050 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132006 Chg-NP CR2E037 (11/05)

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

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

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D**
SALVADOR, LUIS
 STREET ADDRESS **8450 LAGOS DE CAMPOS**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
HARRY, KRISHNA
 STREET ADDRESS **8450 LAGOS DE CAMPOS BLVD.**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD**
GOODMAN, AUDREY
 STREET ADDRESS **8450 LAGOS DE CAMPOS BLVD. #310**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
SILVER, ELYS H
 STREET ADDRESS **8450 LARGOS DE CAMPOS BLVD**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP**
YOUNG, GEORGE
 STREET ADDRESS **8450 LAGOS DE CAMPOS #306**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-06 9347214279