

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763971

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

C/O CCM, INC.
10034 W. MCNAB ROAD
TAMARAC, FL 33321

Current Mailing Address:

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

New Mailing Address:

C/O CCM, INC.
10034 W. MCNAB ROAD
TAMARAC, FL 33321

FEI Number: 59-2391897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 US

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: GARY POLIAKOFF

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOLMACH, BARRY
Address: 8450 LAGOS DE CAMPOS BLVD
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: HARRY, KRISHNA
Address: 8450 LAGOS DE CAMPOS BLVD.
City-St-Zip: TAMARAC, FL 33321

Title: STD () Delete
Name: GOODMAN, AUDREY
Address: 8450 LAGOS DE CAMPOS BLVD. #310
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: SILVER, ELYS H
Address: 8450 LARGOS DE CAMPOS BLVD
City-St-Zip: TAMARAC, FL 33321

Title: DP (X) Delete
Name: SILVER, STEWART
Address: 8450 LAGOS DE CAMPOS BLVD
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: SILVER, STUART
Address: 8450 LARGOS DE CAMPOS BLVD
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART SILVER

DP

04/16/2009

Electronic Signature of Signing Officer or Director

Date