


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90371 002 ****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**

00016333



CHECK HERE IF MAKING CHANGES

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

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

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

7. Name and Address of New Registered Agent
Name
Robert Kaye & Associates, PA
Street Address (P.O. Box Number is Not Acceptable)
6261 SW 6 Way Suite 103
City
Fort Lauderdale FL Zip Code
33309

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 *Robert Kaye President* DATE **4-9-03**

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Young, George 8450 Lagos De Campos #306 Tamarac FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE: *Robert Kaye* **FILE REQUIRED**

3/27/03

CR2E037 (10/02)