


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90023 014 ****61.25

DOCUMENT # 712930	
1. Entity Name THE FAIRWAYS APARTMENTS, INC.	

Principal Place of Business 400-500 N E 14TH AVE HALLANDALE, FL 33009	Mailing Address 400-500 N E 14TH AVE HALLANDALE, FL 33009
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01122008 Chg-NP CR2E037 (12/06)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-1222634	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCKEE, ROBERT 500 N.E. 14TH AVE. APT 111 HALLANDALE, FL 33009	Name Colin Edwards Street Address (P.O. Box Number is Not Acceptable) 400 N.E. 14th Ave Hollandale Beach City FL Zip Code 33009

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 *Colin Edwards* Colin Edwards 3-20-08
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARD, COLIN 500 NE 14TH AVE HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jean Pierre Pepin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 500 N.E. 14th Ave Hollandale Beach FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAVE, CLAYTON 4001 NE 14TH AVE HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evelyn Lamarre <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 500 N.E. 14th Ave Hollandale Beach FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MENARD, GASTON 500 NE 14TH AVE HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CERABONE, LINDA 500 NE 14TH AVE. HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, LEONARD 400 N E 14TH AVE HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLAN, HARRY 400 NE 14TH AVE #223 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	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 exemptions contained 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 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: *Linda Cerabone* Linda Cerabone 3-15-08 954-458-2416
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #