

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724219

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: FAIRWAY VILLAS, INC.

**Current Principal Place of Business:**

882 JACKSON AVE.  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

882 JACKSON AVE.  
WINTER PARK, FL 32789 US

**New Mailing Address:**

FEI Number: 59-1515952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, MARC P  
882 JACKSON AVENUE  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: MARSHALL, MAUREEN  
Address: 206 FAIRWAY DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete  
Name: HANNON, EDWARD  
Address: 100 FAIRWAY DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: STD ( ) Delete  
Name: SEEKLE, GILDA  
Address: 211 FAIRWAY DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: SMITH, PAM  
Address: 101 FAIRWAY DRIVE  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: HOWARD, CAROLE  
Address: 201 FAIRWAY DRIVE  
City-St-Zip: LONGWOOD, FL 32779

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GILDA SEEKLE

STD

04/21/2005

Electronic Signature of Signing Officer or Director

Date