

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724219

FILED
Mar 05, 2009
Secretary of State

Entity Name: FAIRWAY VILLAS, INC.

Current Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809 US

New Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL
105
ORLANDO, FL 32809 US

Current Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809 US

New Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL
105
ORLANDO, FL 32809 US

FEI Number: 59-1515952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLOSTERMAN, STEPHEN K
6220 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809 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: HOWARD, CAROLE
Address: 201 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: MEDINA, DIANE
Address: 203 FAIRWAY DRIVE
City-St-Zip: LONGWOOD, FL 32779

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: WILES, KATE
Address: 106 FAIRWAY DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: P (X) Change () Addition
Name: MEDINA, DIANE
Address: 203 FAIRWAY DRIVE
City-St-Zip: LONGWOOD, FL 32779

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: STEPHEN KLOSTERMAN

RA

03/05/2009

Electronic Signature of Signing Officer or Director

Date