



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90190 043 \*\*\*\*61.25

<b>DOCUMENT # 745316</b>					
1. Entity Name SOUTH FAIRWAYS CONDOMINIUM, INC.					
Principal Place of Business 3112 FINSTERWALD DRIVE TITUSVILLE, FL 32780 US			Mailing Address 3112 FINSTERWALD DRIVE TITUSVILLE, FL 32780 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2873645</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CARDINALE, F.I.L. 3112 FINSTERWALD DRIVE TITUSVILLE, FL 32780</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$81.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAYNE, ELEANOR R.	NAME			
STREET ADDRESS	3124 FINSTERWALD DR.	STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE, FL	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MINOR, GRAYCE E	NAME	<b>DIRECTOR</b>		
STREET ADDRESS	3108 FINSTERWALD DR.	STREET ADDRESS	<b>LUDES CARDINALE</b>		
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP	<b>3112 FINSTERWALD DR.</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARDINALE, FRANK L.	NAME			
STREET ADDRESS	3112 FINSTERWALD DR.	STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAYNE, JACK	NAME			
STREET ADDRESS	3124 FINSTERWALD DR.	STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAMPONE, LEONARD	NAME			
STREET ADDRESS	3120 FINSTERWALD DR	STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLUTS, BRIAN	NAME			
STREET ADDRESS	3104 FINSTERWOOD DR	STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE, FL	CITY-ST-ZIP			
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: 			Date: <b>JAN 09, 2006</b> Daytime Phone # <b>321-383-7591</b>		