2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90073 002 ****61.25

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1. Entity Name
FAIRWAYS OF SUNRISE HOMEOWNERS ASSOCIATION, INC.

50031149

Principal Place of Business	Mailing Address
2811 NW 80 AVE. SUNRISE, FL 33322	2811 NW 80 AVE. SUNRISE, FL 33322

03022005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1975263 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHENDELL, TAMAR D ESQ.
SHENDELL & ASSOCIATES, P.A.
3650 N. FEDERAL HWY., #202
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	ARONSON, DANA		NAME	Aronson, Dana	
STREET ADDRESS	2872 NW 80 AVE		STREET ADDRESS	2872 NW 80 Ave.	
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	D	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	NOWELL, GIGI		NAME	Nowell, Gigi	
STREET ADDRESS	2754 NW 80 AVE		STREET ADDRESS	2754 NW 80 Ave.	
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	D	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	GAILE, ESTHER		NAME	Gaile, Esther	
STREET ADDRESS	2770 NW 80 AVE.		STREET ADDRESS	2770 NW 80 Ave.	
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	D	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	MARTINEZ, ROBERT		NAME	Martinez, Robert	
STREET ADDRESS	2860 NW 80 AVE.		STREET ADDRESS	2860 NW 80 Ave.	
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	D	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	BROMFIELD, CLAUDIA		NAME	Bromfield, Claudia	
STREET ADDRESS	2840 NW 80 AVE		STREET ADDRESS	2840 NW 80 Ave.	
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	VPD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	WILLIAMS, MATT		NAME	Williams, Matt	
STREET ADDRESS	8020 NW 28 PLACE		STREET ADDRESS	8020 NW 28 place	
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP	Sunrise, FL 33322	

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 like empowered.

SIGNATURE: Esther Gaile 3/19/05 954-831-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #