2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90053 003 ****61.25

DOCUMENT # 749609

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

4

Principal Place of Business	Mailing Address
2811 NW 80 AVE. SUNRISE, FL 33322	5300 POWERLINE ROAD SUITE 200A FORT LAUDERDALE, FL 33309

01032008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10112 USA Today Way	10112 USA Today Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar FL	City & State: Miramar FL
Zip: 33025 Country: Broward	Zip: 33025 Country: Broward

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

MEYROWITZ, ANDREW
2035 HARDING ST
SUITE 200
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name: Barbara Herndon
Street Address (P.O. Box Number is Not Acceptable): 10112 USA Today Way
City: Miramar FL Zip Code: 33025

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: Barbara H. Herndon
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. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARENDES, ED 8009 NW 29 STREET SUNRISE, FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SINCLAIR, GLEN 8017 NW 27 COURT SUNRISE, FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EXCELLENT, MARIE 8016 NW 28 ST SUNRISE, FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMERO, ADRIANA 3904 NW 80 AVE SUNRISE, FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROMFIELD, CLAUDIA 2840 NW 80 AVE SUNRISE, FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMONEAU, LISA 8003 NW 28 COURT SUNRISE, FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Claudia M. Bromfield 3/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #