


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90185 040 ****61.25

DOCUMENT # 750202			
1. Entity Name FAIRWAY VILLAGE OF BOCA DEL MAR HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O CAMPBELL PROPERTY MANAGEMENT 1215 E HILLBORO BLVD DEERFIELD BEACH, FL 33441 US		Mailing Address 1215 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAMPBELL PROPERTY MANAGEMENT 1215 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441		Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: DP NAME: FOSTER, STEVEN STREET ADDRESS: 6463 PARKVIEW DRIVE CITY-ST-ZIP: BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE: DS NAME: DIGOIA, DAWNE STREET ADDRESS: 6365-D PARKVIEW DR CITY-ST-ZIP: BOCA RATON, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: D NAME: SULLIVAN, PAUL STREET ADDRESS: 6415 TOULON DRIVE CITY-ST-ZIP: BOCA RATON, FL <input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: D NAME: SOCQUET, CLAIRE STREET ADDRESS: 6427 TOVLON DR CITY-ST-ZIP: BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: DVP NAME: GLAY, PHYLLIS STREET ADDRESS: 6403 TOULON DR CITY-ST-ZIP: BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE: TD NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: DT NAME: DE FRANCES, JEAN STREET ADDRESS: 6451 PARKVIEW DR CITY-ST-ZIP: BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: SHERMAN, ELLIOTT STREET ADDRESS: 6443 PARKVIEW DR CITY-ST-ZIP: BOCA RATON, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: DS NAME: LUECK, PAUL STREET ADDRESS: 6343 TOULON DRIVE CITY-ST-ZIP: BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE: PD NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <u>Phyllis Glay</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/17/07</u>	Daytime Phone #: <u>561 368 4928</u>

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04032007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0105610 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required