

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90086 035 ****61.25

DOCUMENT # 751551
 1. Entity Name
FAIRWAY VILLAS II CONDOMINIUM ASSOCIATION OF SEBRING, INC.



Principal Place of Business: **3600 EDGEWATER DR SEBRING FL 33872 US**
 Mailing Address: **3107 MONZA DR SEBRING FL 33872 US**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2223813**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**ELMORE, BILL R.
 3107 MONZA DR
 SEBRING FL 33872**

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)

FILE NOW: 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: **VPD** Delete
 NAME: **PETTINARO, SAMUEL**
 STREET ADDRESS: **3610 EDGEWATER DR**
 CITY-ST-ZIP: **SEBRING FL 33872**

TITLE: Change Addition
 NAME: **CHESTER ROBACKOWSKI**
 STREET ADDRESS: **1107 SILVER MARLE LANE**
 CITY-ST-ZIP: **CLARK SUMMIT, PA 18411**

TITLE: **DP** Delete
 NAME: **JOHANSON, BERT**
 STREET ADDRESS: **2525 ILLINOIS RD.**
 CITY-ST-ZIP: **NORTHBROOK IL 60062**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **SD** Delete
 NAME: **GRIFFIN, MARGARET**
 STREET ADDRESS: **12 GLENBROOK DRIVE F**
 CITY-ST-ZIP: **WINDSOR LOCKS CT 06056**

TITLE: Change Addition
 NAME: **MS. COLLEEN BORSCHER**
 STREET ADDRESS: **170 LONGFELLOW DR**
 CITY-ST-ZIP: **WHEATON, IL 60187**

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
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TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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: *Bert Johanson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-05
 Date Daytime Phone #