

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**


FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90023 007 ****61.25

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1. Entity Name

FAIRWAY VILLAS II CONDOMINIUM ASSOCIATION OF SEBRING, INC.



Principal Place of Business Mailing Address

**3600 EDGEWATER DR
SEBRING FL 33872
US** **3107 MONZA DR
SEBRING FL 33872
US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For

59-2223813 Not Applicable

Zip Country Zip Country

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 re-registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROBACHWSKI, CHESTER	
STREET ADDRESS	1107 SILVER MAPLE LANE	
CITY-ST-ZIP	CLARKS SUMMIT PA 18411	
TITLE	DP	<input type="checkbox"/> Delete
NAME	JOHANSON, BERT	
STREET ADDRESS	2525 ILLINOIS RD.	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERSHER, COLEEN	
STREET ADDRESS	170 LONG FELLOW DR	
CITY-ST-ZIP	WHEATON IL 60187	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBACHWSKI, CHESTER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIELSCHEA, COLLEEN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* 1-25-06 863-314-9206