

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90259 031 \*\*\*\*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**

**50000144**



|  |         |                     |         |   |  |
|--|---------|---------------------|---------|---|--|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         | 01072007 Chg-NP CR2E037 (12/06)   |  |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         | 4. FEI Number<br><b>59-2223813</b>  |  |
| City & State                                   |         | City & State        |         | Applied For<br>Not Applicable   |  |
| Zip  | Country | Zip                 | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |  |  |  |  |          |
|--|--|--|--|--|----------|
| 6. Name and Address of Current Registered Agent                            |  |  | 7. Name and Address of New Registered Agent        |  |          |
| <b>ELMORE, BILL R.</b><br><b>3107 MONZA DR</b><br><b>SEBRING, FL 33872</b> |  |  | 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to Florida Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS |                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                            |  |
|----------------------------|-------------------------|--|---|----------------------------|--|
| TITLE                      | VPD                     | <input type="checkbox"/> Delete            | TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ROBACHINSKI, CHESTER    |  | NAME  |                            |  |
| STREET ADDRESS             | 1107 SILVER MAPLE LANE  |  | STREET ADDRESS  |                            |  |
| CITY-ST-ZIP                | CLARKS SUMMIT, PA 18411 |  | CITY-ST-ZIP   |                            |  |
| TITLE                      | DP                      | <input type="checkbox"/> Delete            | TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | JOHANSON, BERT          |  | NAME  |                            |  |
| STREET ADDRESS             | 2525 ILLINOIS RD.       |  | STREET ADDRESS  |                            |  |
| CITY-ST-ZIP                | NORTHBROOK, IL 60062    |  | CITY-ST-ZIP   |                            |  |
| TITLE                      | SD                      | <input checked="" type="checkbox"/> Delete | TITLE   | S/D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BEUSCHER, COLLEEN       |  | NAME  | <del>REICH, PATRICIA</del> |  |
| STREET ADDRESS             | 170 LONG FELLOW DR      |  | STREET ADDRESS  | 1723 PRINCE LANE           |  |
| CITY-ST-ZIP                | WHEATON, IL 60187       |  | CITY-ST-ZIP   | SEBRING, FL 33872          |  |
| TITLE                      |                         | <input type="checkbox"/> Delete            | TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         |  | NAME  |                            |  |
| STREET ADDRESS             |                         |  | STREET ADDRESS  |                            |  |
| CITY-ST-ZIP                |                         |  | CITY-ST-ZIP   |                            |  |
| TITLE                      |                         | <input type="checkbox"/> Delete            | TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         |  | NAME  |                            |  |
| STREET ADDRESS             |                         |  | STREET ADDRESS  |                            |  |
| CITY-ST-ZIP                |                         |  | CITY-ST-ZIP   |                            |  |
| TITLE                      |                         | <input type="checkbox"/> Delete            | TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         |  | NAME  |                            |  |
| STREET ADDRESS             |                         |  | STREET ADDRESS  |                            |  |
| CITY-ST-ZIP                |                         |  | CITY-ST-ZIP   |                            |  |

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: *Bert Johanson* 1-9-07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #