


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90009 041 ****61.25

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| 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 - No P.O. Box # 3310 SUNRISE DR. Suite, Apt. #, etc. | | 3. Mailing Address 3310 SUNRISE DR. Suite, Apt. #, etc. | | | |
| City & State Sebring, Fl. | | City & State Sebring, Fl. | | 4. FEI Number 59-2223813 Applied For Not Applicable | |
| Zip 33872 | Country USA | Zip 33872 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>KLOCKO, Roseann P.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3310 SUNRISE DR.</u> City <u>Sebring</u> FL Zip Code <u>33872</u> | | |
| 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 <u>Roseann P. Klocko</u> DATE <u>2-21-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)</small> | | | | | |
| 10. Filing Fee is \$61.25 Due by May 1, 2008 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | VPD ROBACHINSKI, CHESTER 1107 SILVER MAPLE LANE CLARKS SUMMIT, PA 18411 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Robachinski, Chester R 1107 Silver Maple Lane Clarks Summit, PA 18411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP JOHANSON, BERT 2525 ILLINOIS RD. NORTHBROOK, IL 60062 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BRADLEY, DALE 1002 LEVON COURT DUBUQUE, IO 52003 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD REICA, PATRICIA 1723 PRIME COVE LN SEBRING, FL 33872 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Reich, Patricia 1723 PRIMROSE LANE Sebring, Fl. 33872 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 the empowered. | | | | | |
| SIGNATURE: <u>Chester Robachinski</u> | | | Date <u>2/25/08</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | |
| <u>CHESTER ROBACHINSKI</u> | | | | | |

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