


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

FILED
May 15, 2006 8:00 am
Secretary of State

04-26-2006 90176 020 ****70.00

DOCUMENT # N05000004672					
1. Entity Name THE HOMEOWNERS' ASSOCIATION OF LAKE FAIRWAYS, INC.					
Principal Place of Business 10000 LAKEWOOD SHORES CIRCLE NO. FT. MYERS FL 33903			Mailing Address 10000 LAKEWOOD SHORES CIRCLE NO. FT. MYERS FL 33903		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2564344	
Zip	Country	Zip	Country	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLING, LEE J 682 MAITLAND AVE ALTAMONTE SPRINGS FL 32701			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, BARBARA H		NAME	WILKINSON, RICHARD	
STREET ADDRESS	10025 MISSION HILLS CT		STREET ADDRESS	19100 GRENELEFE CT.	
CITY-ST-ZIP	NO. FT. MYERS FL 33903		CITY-ST-ZIP	N. FORT MYERS, FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, CHARLES W		NAME	BURDETT, ALICE	
STREET ADDRESS	19200 GREEN VALLEY CT		STREET ADDRESS	19121 INNIS BROOK CT	
CITY-ST-ZIP	NO. FT. MYERS FL 33903		CITY-ST-ZIP	N. FORT MYERS, FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATKINS, NOEL		NAME	VAN LEUVEN, DAVE	
STREET ADDRESS	19109 INNIS BROOK CT		STREET ADDRESS	19156 HARBOUR TREE CT	
CITY-ST-ZIP	NO. FT. MYERS FL 33903		CITY-ST-ZIP	N. FORT MYERS, FL. 33903	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKEBILE, WOODY		NAME		
STREET ADDRESS	19100 MEADOW BROOK CT		STREET ADDRESS		
CITY-ST-ZIP	NO. FT. MYERS FL 33903		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTESON, TOM H		NAME		
STREET ADDRESS	19217 TUCKAWAY CT		STREET ADDRESS		
CITY-ST-ZIP	NO. FT. MYERS FL 33903		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAAFTEN, DAVID V		NAME	CLARKE, ROBERT J.	
STREET ADDRESS	19312 TUCKAWAY CT		STREET ADDRESS	10700 FIRESTONE CT.	
CITY-ST-ZIP	NO. FT. MYERS FL 33903		CITY-ST-ZIP	N. FORT MYERS, FL. 33903	
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: <i>Robert J. Clarke</i>		ROBERT J. CLARKE, TREAS. 4-13-06 (239) 731-0919			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: Daytime Phone #			