
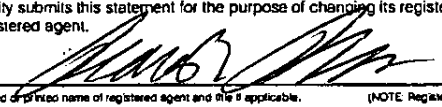
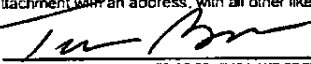


FILED
Mar 01, 2004 8:00 am
Secretary of State

02-11-2004 90022 005 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07194			
1. Entity Name FAIRWAY ASSOCIATION, INC.			
Principal Place of Business 4131 GUNN HIGHWAY TAMPA, FL 33624 US		Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33624 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2493573		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			
LEAR, MAURA GREENACRE PROPERTIES, INC. 4131 GUNN HIGHWAY TAMPA, FL 33624		Name: Francis E. Friscoia Street: Meirose & Friscia, P.A. 500 North Westshore Blvd. Ste 635 City: Tampa, FL 33609 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: 2/23/04	
Filing Fee is \$61.25 Due by May 1, 2004		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			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	BUCCINNA, TONY		
STREET ADDRESS	4131 GUNN HWY		
CITY-ST-ZIP	TAMPA, FL 33624		
TITLE	D	<input type="checkbox"/> Delete	
NAME	DEMPSEY, THOMAS L.		
STREET ADDRESS	4131 GUNN HWY		
CITY-ST-ZIP	TAMPA, FL 33624		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	
NAME	BUTLER, LARRY		
STREET ADDRESS	4131 GUNN HWY		
CITY-ST-ZIP	TAMPA, FL 33624		
TITLE	TD	<input checked="" type="checkbox"/> Delete	
NAME	CURRY, JAMES MD		
STREET ADDRESS	4131 GUNN HWY		
CITY-ST-ZIP	TAMPA, FL 33624		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	BENNETT, GEOFFREY		
STREET ADDRESS	4131 GUNN HWY		
CITY-ST-ZIP	TAMPA, FL 33624		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Bennett, Geoff		
STREET ADDRESS	5447 Blue Heron Lane		
CITY-ST-ZIP	Wesley Chapel, FL 33543		
TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Mouch, Frank		
STREET ADDRESS	5344 Sandcrane Ct.		
CITY-ST-ZIP	Wesley Chapel, FL 33543		
TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Campbell, Bruce		
STREET ADDRESS	5335 Sandcrane Ct.		
CITY-ST-ZIP	Wesley Chapel, FL 33543		
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 exemption stated in Section 119.07(3)(f), 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: 		DATE: 2/5/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	