

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90031 022 ****61.25

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			Zip		
Country			Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRISCIA, FRANCIS E MEIROSE & FRISCIA, P.A. 500 NORTH WESTSHORE BLVD STE 635 TAMPA, FL 33609			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 reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCCINNA, TONY		NAME	Campbell, Bruce	
STREET ADDRESS	4131 GUNN HWY		STREET ADDRESS	5335 Sand Crane Ct.	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMPSEY, THOMAS L.		NAME	Anderson, James	
STREET ADDRESS	4131 GUNN HWY		STREET ADDRESS	5332 Sand Crane Ct	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOUCH, FRANK		NAME	Moskos, Jack	
STREET ADDRESS	5344 SANDCRANE CT		STREET ADDRESS	5345 Pinebark	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543		CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, BRUCE		NAME		
STREET ADDRESS	5335 SANDCRANE CT		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, GEOFF		NAME		
STREET ADDRESS	5447 BLUE HERON LANE		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543		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 exemption stated in Section 119.07(3)(i), 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>Bruce Campbell</i>		2/16/2005		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	