

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07194

FILED  
Feb 09, 2010  
Secretary of State

**Entity Name:** FAIRWAY ASSOCIATION, INC.

**Current Principal Place of Business:**

24646 STATE ROAD 54  
SUITE 102  
LUTZ, FL 33559 US

**New Principal Place of Business:**

**Current Mailing Address:**

24646 STATE ROAD 54  
SUITE 102  
LUTZ, FL 33559 US

**New Mailing Address:**

**FEI Number:** 59-2493573      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRISCIA, FRANCIS E ATTY  
500 NORTH WESTSHORE BLVD.  
SUITE 635  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRE  
Name: CHRISTIAN, JOHN  
Address: 24646 STATE ROAD 54, SUITE 102  
City-St-Zip: LUTZ, FL 33559 US

Title: D  
Name: DEMPSEY, THOMAS L.  
Address: 24646 STATE ROAD 54, SUITE 102  
City-St-Zip: LUTZ, FL 33559 US

Title: S/T  
Name: O'BRIEN, JAMES  
Address: 24646 STATE ROAD 54, SUITE 102  
City-St-Zip: LUTZ, FL 33559 US

Title: VP  
Name: JOYCE, ROGER  
Address: 24646 STATE ROAD 54, SUITE 102  
City-St-Zip: LUTZ, FL 33559 US

Title: D  
Name: MOSKOS, JACK  
Address: 24646 STATE ROAD 54, SUITE 102  
City-St-Zip: LUTZ, FL 33559 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN CHRISTIAN

PRES

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date