


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90468 017 \*\*\*\*61.25

DOCUMENT # N07774			
1. Entity Name FAIRWAY WOODS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business LIGHTHOUSE MGMNT 16 CHURCH STREET OSPREY, FL 34229		Mailing Address LIGHTHOUSE MGMNT 16 CHURCH STREET OSPREY, FL 34229	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01052005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2518713		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	
MILLER, GAIL S LIGHTHOUSE MGMNT 16 CHURCH STREET OSPREY, FL 34229		Name <i>Worthy Rogers</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>16 Lighthouse Mgmt</i>	
		City <i>Osprey</i>	
		FL Zip Code <i>34229</i>	
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 <i>Worthy Rogers</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOS, JAMES	NAME	
STREET ADDRESS	7604 FAIRWAY WOODS DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 342382861	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, WORTHY	NAME	
STREET ADDRESS	7760 FAIRWAY WOODS DR.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMER, MARIAN	NAME	
STREET ADDRESS	7560 FAIRWAY WOODS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GAIL S	NAME	
STREET ADDRESS	7686 FAIRWAY WOODS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, JS	NAME	
STREET ADDRESS	7669 FAIRWAY WOODS DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZER, ARTHUR	NAME	
STREET ADDRESS	P.O. BOX 8028	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34276	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 things empowered.			
SIGNATURE: <i>Worthy Rogers</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	