


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90187 049 ****61.25

DOCUMENT # N07774
 1. Entity Name
 FAIRWAY WOODS CONDOMINIUM ASSOCIATION, INC.



Lighthouse Property Mgmt. Lighthouse Property Mgmt.
 16 CHURCH STREET 16 CHURCH STREET
 OSPREY, FL 34229 OSPREY, FL 34229



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Lighthouse Property Mgmt Lighthouse Property Mgmt
 16 Church Street 16 Church Street
 Osprey, FL 34229 Osprey, FL 34229

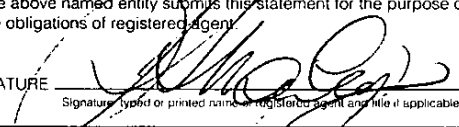
01152007 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For
 59-2518713 Not Applicable

5. Certificate of Status Desired \$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 <u>Carl Clabaugh</u> Street Address (P.O. Box Number is Not Acceptable) <u>7637 Fairway Woods Dr.</u> City <u>Sarasota</u> FL Zip Code <u>34238</u>

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 4/11/07

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

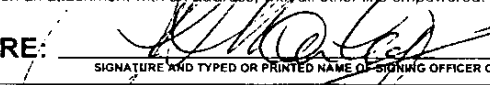
Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$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 NAME BOS, JAMES STREET ADDRESS 7604 FAIRWAY WOODS DR CITY-ST-ZIP SARASOTA, FL 342382861	<input checked="" type="checkbox"/> Delete	TITLE MIKE FORHER NAME MIKE FORHER STREET ADDRESS 7634 FAIRWAY WOODS DRIVE CITY-ST-ZIP SARASOTA, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME COMER, MARIAN STREET ADDRESS 7560 FAIRWAY WOODS DRIVE CITY-ST-ZIP SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete	TITLE SD NAME DIANA GRAHAM STREET ADDRESS 777 FAIRWAY WOODS DRIVE CITY-ST-ZIP SARASOTA, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MILLER, GAIL S STREET ADDRESS 7686 FAIRWAY WOODS DRIVE CITY-ST-ZIP SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete	TITLE TS NAME CARL CLABAUGH STREET ADDRESS 7637 FAIRWAY WOODS DRIVE CITY-ST-ZIP SARASOTA, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ANDREWS, JS STREET ADDRESS 7669 FAIRWAY WOODS DR CITY-ST-ZIP SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete	TITLE D NAME ED TARKS STREET ADDRESS 7790 FAIRWAY WOODS DRIVE CITY-ST-ZIP SARASOTA, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME JUDY PIRKEY STREET ADDRESS 7788 FAIRWAY WOODS DRIVE CITY-ST-ZIP SARASOTA, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME ELSE RUSSELL-OLEN STREET ADDRESS 7602 FAIRWAY WOODS DR. CITY-ST-ZIP SARASOTA, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  Date 4/11/07 My Home Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR