

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90016 028 \*\*\*\*61.25



<b>DOCUMENT # N07774</b>			
1. Entity Name <b>FAIRWAY WOODS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>2828 CLARK ROAD, SUITE 7 SARASOTA, FL 34231</b>		Mailing Address <b>3412 CLARK ROAD P.O. BOX 236 SARASOTA, FL 34231-8406</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BARLOW GROUP, INC.</b> <b>2828 CLARK ROAD, SUITE 7</b> <b>SARASOTA, FL 34231</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>			
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 checked="" type="checkbox"/> Addition
NAME	FORTIER, MIKE	NAME	<i>D James Shelton</i>
STREET ADDRESS	7634 FAIRWAY WOODS DR	STREET ADDRESS	<i>7634 Fairway Woods Dr</i>
CITY-ST-ZIP	SARASOTA, FL 342382861	CITY-ST-ZIP	<i>Sarasota, FL 34238</i>
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, DIANA	NAME	<i>AS Clive Burnett</i>
STREET ADDRESS	7777 FAIRWAY WOODS DR	STREET ADDRESS	<i>3412 Clark Rd, #236</i>
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	<i>Sarasota, FL 34238</i>
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLABAYGH, CARL	NAME	
STREET ADDRESS	7637 FAIRWAY WOODS DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TJARKS, ED	NAME	
STREET ADDRESS	7790 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	PIRKEY, JUDY	NAME	
STREET ADDRESS	788 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	RUSSELL-OLEN, ELSE	NAME	
STREET ADDRESS	7602 FAIRWAY WOODS DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	

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4. FEI Number **59-2518713** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #