2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21406

FILED Apr 06, 2004 Secretary of State

Entity Name: FAIRWAY WOODS OF CROSS CREEK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044

New Mailing Address: Current Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 59-2874696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR % SENTRY MANAGEMENT INC 2180 WSEST SR 434 - STE 500 LONGWOOD, FL 32779 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD (X) Change () Addition () Delete

GIBBONS, DAVID GIBBONS, DAVID Name: Name:

12540 COLDSTREAM DRIVE, STE 112 Address: 20 NARRAGANSETT AVE #4D Address: FORT MYERS, FL 33912 NARRAGANSETT, RI 02882

City-St-Zip: City-St-Zip:

Title: PD Title: (X) Change () Addition () Delete Name: RYAN, IRENE Name: RYAN, IRENE

Address: 12500 COLDSTREAM DRIVE, STE 307 Address: 12500 COLD STREAM DR #307

City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912

Title: () Delete Title: (X) Change () Addition

MORAN, EDWARD Name: MORAN, EDWARD Name: 12500 COLD STREAM DR., #306 900 E WILMETTE RD #121 Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: PALATINE, IL 60074

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: IRENE RYAN PD 04/06/2004