

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 24, 2006  
Secretary of State**

DOCUMENT# N21406

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

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

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

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

HART, JAMES W JR.  
% SENTRY MANAGEMENT INC  
2180 WSEST SR 434 - STE 500  
LONGWOOD, FL 32779 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: VPD ( ) Delete  
Name: GIBBONS, DAVID  
Address: 20 NARRAGANSETT AVE #4D  
City-St-Zip: NARRAGANSETT, RI 02882

Title: PD ( ) Delete  
Name: RYAN, IRENE  
Address: 12500 COLD STREAM DR #307  
City-St-Zip: FORT MYERS, FL 33912

Title: STD ( ) Delete  
Name: MORAN, EDWARD  
Address: 900 E WILMETTE RD #121  
City-St-Zip: PALATINE, IL 60074

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: GIBBONS, DAVID  
Address: 12540 COLD STREAM DR #112  
City-St-Zip: FT MYERS, FL 33912

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: PECK, MARY  
Address: 2875 TAHOE  
City-St-Zip: KALAMAZOO, MI 49004

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

03/24/2006

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

\_\_\_\_\_  
Date