

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90212 013 ****61.25

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DOCUMENT # N24987 1. Entity Name THE FAIRWAY LAKES OWNERS' ASSOCIATION, INC.			
Principal Place of Business 1950 BLUEWATER BLVD. NICEVILLE, FL 32588-0247 US		Mailing Address 1950 BLUEWATER BLVD. NICEVILLE, FL 32588-0247 US	
2. Principal Place of Business <i>1950 Bluewater Blvd</i> Suite, Apt. #, etc. <i>Suite 200</i> City & State <i>Niceville FL</i> Zip <i>32578</i> Country <i>US</i>		3. Mailing Address <i>1950 Bluewater Blvd</i> Suite, Apt. #, etc. <i>Suite 200</i> City & State <i>Niceville FL</i> Zip <i>32578</i> Country <i>US</i>	
4. FEI Number 59-2883265		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, JOHN 823 FAIRWAY LAKES DR NICEVILLE, FL 32578		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP PD GROOS, BJ 817 FAIRWAY LAKE DR. NICEVILLE, FL 32578	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Nelson, John 823 Fairway Lakes Drive Niceville, FL 32578	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD BURGES, JOHN 828 FAIRWAY LAKE DR. NICEVILLE, FL 32578	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Craft, AL 747 Putter Drive Niceville, FL 32578	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T MICHALKE, WALTER 844 FAIRWAY LAKES DRIVE NICEVILLE, FL 32578	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CRAFT, AL 747 PUTLER DR. NICEVILLE, FL 32578	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD STEPHENSON, DIANE 837 FAIRWAY LAKES DR. NICEVILLE, FL 32578	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	☐ Change ☐ Addition
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 like empowered.			
SIGNATURE: <i>[Signature]</i>		Date <i>23 April 04</i> Daytime Phone # <i>850-897-3614</i>	