


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90062 035 ****61.25

DOCUMENT # N01204 1. Entity Name FAIRWOODS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 6253 LAKELAND, FL 33807-3253			Mailing Address P.O. BOX 6253 LAKELAND, FL 33807-3253		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0002729				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AUGUST IMPERIAL MANAGEMENT, INC. 5925 IMPERIAL PKWY #110 MULBERRY, FL 33860			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, F. DILLON		NAME		
STREET ADDRESS	6006 TROPHY TRAIL		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSER, GARY		NAME		
STREET ADDRESS	P.O. BOX 579		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND CITY, FL 33846		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, RYAN		NAME		
STREET ADDRESS	6037 TOPEKA TRAIL		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, DENNIS C		NAME		
STREET ADDRESS	6238 HATCHER RD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUDENDISTEL, WILLIAM H		NAME		
STREET ADDRESS	6093 TOPHER TRAIL		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date	Daytime Phone #