2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01204

FILED Mar 17, 2006 Secretary of State

Entity Name: FAIRWOODS CONDOMINIUM ASSOCIATION, INC.

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

P.O. BOX 6253 P.O. BOX 6253

LAKELAND, FL 338073253 LAKELAND, FL 338076253

Current Mailing Address: New Mailing Address:

P.O. BOX 6253 P.O. BOX 6253

LAKELAND, FL 338073253 LAKELAND, FL 338076253

FEI Number: 65-0002729 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:

AUGUST IMPERIAL MANAGEMENT, INC.
5925 IMPERIAL PKWY #110
MULBERRY, FL 33860 US

AUGUST IMPERIAL MANAGEMENT, INC.
5950 IMPERIALAKES BLVD.
MULBERRY, FL 33860 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: 03/17/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: D (X) Change () Addition Name: DANIELS, F. DILLON Name: DANIELS, F. DILLON

Address: 6006 TROPHER TRAIL
City-St-Zip: MULBERRY, FL 33860

Name: Driving Strain Stra

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

 Name:
 O'HEARN, JAMES
 Name:
 O'HEARN, JAMES

 Address:
 115 COUNTRY CLUB RD.
 Address:
 115 COUNTRY CLUB RD.

 City-St-Zip:
 MULBERRY, FL 33860
 City-St-Zip:
 MULBERRY, FL 33860

Title: STD () Delete Title: () Change () Addition

 Name:
 BAUDENDISTEL, WILLIAM H
 Name:

 Address:
 6093 TOPHER TRAIL
 Address:

 City-St-Zip:
 MULBERRY, FL 33860
 City-St-Zip:

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

 Name:
 PLEMMONS, CHAD
 Name:
 PLEMONS, CHAD

 Address:
 6095 TOPHER TRAIL
 Address:
 6095 TOPHER TRAIL

 City-St-Zip:
 MULBERRY, FL 33860
 City-St-Zip:
 MULBERRY, FL 33860

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: JAMES O'HEARN PRES 03/17/2006