


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90213 049 ****61.25

DOCUMENT # N23074 1. Entity Name THE FAIRWAYS NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 14101 TOWN LOOP BLVD ORLANDO, FL 32837 US			Mailing Address 14101 TOWN LOOP BLVD ORLANDO, FL 32837 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 59-2882640
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, ROBERT L 850 CONCOURSE PARKWAY SOUTH SUITE 105 MAITLAND, FL 32751			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, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WINEMILLER, GWENDOLYN B <input type="checkbox"/> Delete 3008 ZAHARIAS DRIVE ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBBS, ADRIAN <input type="checkbox"/> Delete 3134 ZAHARIAS DRIVE ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCHWARTZ, EDWARD <input type="checkbox"/> Delete 2901 ZAHARIAS DRIVE ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROCKER, PAT V <input checked="" type="checkbox"/> Delete 14156 SNEAD CIRCLE ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tiffany Wilcy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3072 Zaharias Drive ORLANDO, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEN, PAT <input checked="" type="checkbox"/> Delete 14143 SNEAD CIRCLE ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herb Rodriguez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14101 Snead Circle ORLANDO, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u>Gwendolyn B. Winemiller</u> Gwendolyn B. Winemiller 1/8/07 4074389055 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					