

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729982

**Entity Name:** FAIRWAY HILLS ASSOCIATION, INC.

**Current Principal Place of Business:**

215 NW FAIRWAY HILLS GLENN  
UNIT #8  
LAKE CITY, FL 32055-7273

**Current Mailing Address:**

215 NW FAIRWAY HILLS GLENN  
UNIT #8  
LAKE CITY, FL 32055-7273

**FEI Number:** 59-1786066

**Certificate of Status Desired:** No

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

DROSCHKE, VIRGINIA  
215 NW FAIRWAY HILLS GLEN  
UNIT #8  
LAKE CITY, FL 32055-7266 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name DROSCHKE, VIRGINIA  
Address 215 NW FAIRWAY HILLS GLEN UNIT #8  
City-State-Zip: LAKE CITY FL 32055

Title VD  
Name BYRD, BRAD  
Address 215 NW FAIRWAY HILLS GLEN UNIT #3  
City-State-Zip: LAKE CITY FL 32055-7266

Title SD  
Name AKINS, RON  
Address 514 SW BRANDY WAY  
City-State-Zip: LAKE CITY FL 32024

Title VD  
Name SMITH, VINCENT  
Address 215 SW FAIRWAY HILLS GLN UNIT #11  
City-State-Zip: LAKE CITY FL 32055

Title PD  
Name LEMLEY, TUCKER  
Address 215 NW FARWAY HILLS GLEN UNIT #23  
City-State-Zip: LAKE CITY FL 32055

*I hereby 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 all other like empowered.*

**SIGNATURE:** VIRGINIA P DROSCHKE

TD

01/18/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date