

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747947

Entity Name: FAIRWAYS FOUR CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2100 GOLF ISLE DRIVE
MELBOURNE, FL 32935**Current Mailing Address:**2100 GOLF ISLE DRIVE
MELBOURNE, FL 32935**FEI Number:** 59-1961346**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MULRENNAN, JAMES JOSEPH
2230 GOLF ISLE DRIVE UNIT
704
MELBOURNE, FL 32935 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	PD
Name	VACCA, ED
Address	2150 GOLF ISLE DRIVE UNIT 1308
City-State-Zip:	MELBOURNE FL 32935

Title	SD
Name	MILLER, DENISE
Address	2201 GOLF ISLE #824
City-State-Zip:	MELBOURNE FL 32935

Title	VP
Name	GREEN, KAREN
Address	2210 GOLF ISLE DRIVE UNIT 903
City-State-Zip:	MELBOURNE FL 32935

Title	TD
Name	MULRENNAN, JAMES
Address	2230 GOLF ISLE #714
City-State-Zip:	MELBOURNE FL 32935

Title	D
Name	JANECKE , TIM
Address	2145 GOLF ISLE DRIVE UNIT 1223
City-State-Zip:	MELBOURNE FL 32935

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: JAMES J. MULRENNAN**TREASURER****01/12/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date