

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N07774

**Entity Name:** FAIRWAY WOODS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1538 STICKNEY PT. RD UNIT 101  
SARASOTA, FL 34231

**Current Mailing Address:**

PO BOX 21058  
SARASOTA, FL 34276 US

**FEI Number:** 59-2518713

**Certificate of Status Desired:** No

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

MARKEL, JIM  
1538 STICKNEY PT. RD UNIT 101  
SARASOTA, FL 34231 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:** JIM MARKEL

03/20/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BOS, MARY B.  
Address PO BOX 21058  
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR  
Name MCKOAN, JOANN  
Address PO BOX 21058  
City-State-Zip: SARASOTA FL 34276

Title TREASURER, DIRECTOR  
Name HIGBEE, JEANETTE  
Address PO BOX 21058  
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR  
Name WEITZNER, ARTHUR  
Address PO BOX 21058  
City-State-Zip: SARASOTA FL 34276

Title VP, DIRECTOR  
Name STEFAN, JAMES  
Address PO BOX 21058  
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR  
Name DELP, WILLIAM  
Address PO BOX 21058  
City-State-Zip: SARASOTA FL 34276

Title SECRETARY, DIRECTOR  
Name COMER, MARIAN  
Address PO BOX 21058  
City-State-Zip: SARASOTA FL 34276

Title ASST. SECRETARY  
Name MARKEL, JIM  
Address PO BOX 21058  
City-State-Zip: SARASOTA FL 34276

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*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:** JIM MARKEL

ASST. SEC.

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name TJARKS, EDWARD  
Address PO BOX 21058  
City-State-Zip: SARASOTA FL 34276