

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000007495

**FILED**  
**Jan 19, 2021**  
**Secretary of State**  
**1888191513CC**

**Entity Name:** FAIRWAY WESTSHORE GL OWNER, LLC

**Current Principal Place of Business:**

800 N MAGNOLIA AVE STE 1625  
ORLANDO, FL 32803

**Current Mailing Address:**

800 N MAGNOLIA AVE STE 1625  
ORLANDO, FL 32803

**FEI Number:** 85-2894512

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title MGR  
Name PG PKY FAIRWAY JV, LLC  
Address 800 N MAGNOLIA AVE STE 1625  
City-State-Zip: ORLANDO FL 32803

Title MBR  
Name PG PKY FAIRWAY JV, LLC  
Address 800 N MAGNOLIA AVE STE 1625  
City-State-Zip: ORLANDO FL 32803

Title AP  
Name FRANCIS, SCOTT  
Address 800 N MAGNOLIA AVE STE 1625  
City-State-Zip: ORLANDO FL 32803

Title AUTHORIZED REPRESENTATIVE  
Name HOLMES-KIDD, A. NONI  
Address 800 N MAGNOLIA AVE STE 1625  
City-State-Zip: ORLANDO FL 32803

Title AP  
Name HEISTAND, JAMES  
Address 800 N MAGNOLIA AVE STE 1625  
City-State-Zip: ORLANDO FL 32803

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** A. NONI HOLMES-KIDD

**AUTHORIZED PERSON**

**01/19/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date