

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718754

FILED
Feb 09, 2009
Secretary of State

Entity Name: THE FAIRWAYS CONDOMINIUM OF LEHIGH ACRES, FLORIDA, INC., PHASE TWO.

Current Principal Place of Business:

C/O MANAGEMENT PROFESSIONALS
530 CONSTRUCTION LN # 1
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

P O BOX 1058
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 59-1313562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBOEST, RICHARD II
1415 HENDRY ST
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: BANDTLOW, LYNNE
Address: 337 JOEL BLVD 226G
City-St-Zip: LEHIGH ACRES, FL 33972

Title: PD () Delete
Name: KERSTEAD-THORNE, DORIS
Address: 337 JOEL BLVD # 115
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D () Delete
Name: QUINDRY, CHARLES
Address: 1206 ALBERMARIE CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VD () Delete
Name: DINGESS, ARVOL
Address: 339 JOEL BLVD. # 220
City-St-Zip: LEHIGH ACRES, FL 33972

Title: TD () Delete
Name: POWELL, NANCY
Address: 339 JOEL BLVD #221F
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: BANDTLOW, LYNNE
Address: P.O. BOX 1058
City-St-Zip: LEHIGH ACRES, FL 33970

Title: PD (X) Change () Addition
Name: KERSTEAD-THORNE, DORIS
Address: P.O. BOX 1058
City-St-Zip: LEHIGH ACRES, FL 33970

Title: D (X) Change () Addition
Name: QUINDRY, CHARLES
Address: P.O. BOX 1058
City-St-Zip: LEHIGH ACRES, FL 33970

Title: VD (X) Change () Addition
Name: MCGARVEY, MICHAEL
Address: P.O. BOX 1058
City-St-Zip: LEHIGH ACRES, FL 33970

Title: TD (X) Change () Addition
Name: POWELL, NANCY
Address: P.O. BOX 1058
City-St-Zip: LEHIGH ACRES, FL 33970

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DORIS KEIRSTEAD THORNE

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date