


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 724100</b> 1. Entity Name FAIRWAYS CONDOMINIUM OF LEHIGH ACRES, FLORIDA, INC., PHASE THREE	
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Principal Place of Business 331 JOEL BLVD LEHIGH ACRES, FL 33972	Mailing Address 331 JOEL BLVD LEHIGH ACRES, FL 33972 US
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02082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SHELDON, EARL 333/236 JOEL BLVD. LEHIGH ACRES, FL 33936
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRITIS, JOSEPH 3331 / 114 JOEL BLVD. LEHIGH ACRES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, JEAN 3331 / 140 JOEL BLVD. LEHIGH ACRES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELDON, EARL 333/236 JOEL BLVD. LEHIGH ACRES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YELLE, DON 3331 / 142 JOEL BLVD. LEHIGH ACRES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAVITT, DON 3331 / 131 JOEL BLVD. LEHIGH ACRES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000667846  
03/27/07-80006-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-07

Date

(339) 368-1407

Daytime Phone #