

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724100

FILED  
Feb 25, 2008  
Secretary of State

**Entity Name:** FAIRWAYS CONDOMINIUM OF LEHIGH ACRES, FLORIDA, INC., PHASE THREE

**Current Principal Place of Business:**

331 JOEL BLVD  
LEHIGH ACRES, FL 33972

**New Principal Place of Business:**

**Current Mailing Address:**

331 JOEL BLVD  
LEHIGH ACRES, FL 33972 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

LEAVITT, DONALD  
331 JOEL BLVD., UNIT 207  
LEHIGH ACRES, FL 33972 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: D ( ) Delete  
Name: PETRITIS, JOSEPH  
Address: 3331 / 114 JOEL BLVD.  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D ( ) Delete  
Name: STODUART, CAL  
Address: 331/205 JOEL BLVD.  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D ( ) Delete  
Name: STRUBLE, MIKE  
Address: 331/102 JOEL BLVD.  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D ( ) Delete  
Name: YELLE, DON  
Address: 3331 / 142 JOEL BLVD.  
City-St-Zip: LEHIGH ACRES, FL

Title: D ( ) Delete  
Name: LEAVITT, DON  
Address: 3331 / 131 JOEL BLVD.  
City-St-Zip: LEHIGH ACRES, FL

Title: D ( ) Delete  
Name: MCCANAHAY, CRAIG  
Address: 331/106 JOEL BLVD.  
City-St-Zip: LEHIGH ACRES, FL 33972

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DONALD W. LEAVITT

PRES

02/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date