


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90350 032 \*\*\*\*61.25

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # 725475</b><br>1. Entity Name<br><b>FAIRWAY OAK VILLAS ASSOCIATION, INC.</b>  |  |  |  |                |  |
| Principal Place of Business<br><b>C/O AMELIA ISLAND MANAGEMENT, INC.<br/>         3000 FIRST COAST HWY.<br/>         AMELIA ISLAND, FL 32034</b>   |  |  | Mailing Address<br><b>C/O AMELIA ISLAND MANAGEMENT, INC.<br/>         3000 FIRST COAST HWY.<br/>         AMELIA ISLAND, FL 32034</b>   |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |  |
| City & State   |  | City & State   |  |   |  |
| Zip  | Country  | Zip  | Country  | 4. FEI Number<br><b>59-1567342</b>  |  |
|  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|  |  |  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>GREGORY, DAVID<br/>         AMELIA ISLAND MGMT.<br/>         3000 FIRST COAST HWY.<br/>         AMELIA ISLAND, FL 32034</b>   |  |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="text-align: right;"><b>FL</b> Zip Code</div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>         Due by May 1, 2006</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>         Florida Department of State</b>                           |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE  | D <input type="checkbox"/> Delete              | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME   | <b>BERTKE, WILLIAM</b>                         | NAME   | <b>c/o Wm. Bertke Co., CPA's</b>   |   |  |
| STREET ADDRESS   | <b>3205 FAIRWAY OAK</b>                        | STREET ADDRESS   | <b>1890 S. 14th St., Suite 305</b>   |   |  |
| CITY-ST-ZIP  | <b>AMELIA ISLAND, FL</b>                       | CITY-ST-ZIP  | <b>Fernandina Beach, FL 32034</b>  |   |  |
| TITLE  | D <input type="checkbox"/> Delete              | TITLE  | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| NAME   | <b>JONES, CLAXTON</b>                          | NAME   | <b>VD</b>  |   |  |
| STREET ADDRESS   | <b>3208 FAIRVIEW OAK VILLA</b>                 | STREET ADDRESS   |  |   |  |
| CITY-ST-ZIP  | <b>FERNANDINA BEACH, FL 32034</b>              | CITY-ST-ZIP  |  |   |  |
| TITLE  | VD <input checked="" type="checkbox"/> Delete  | TITLE  | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |
| NAME   | <b>POLLOCK, NANCY</b>                          | NAME   | <b>Worsley, John</b>   |   |  |
| STREET ADDRESS   | <b>3325 SEA MARSH ROAD</b>                     | STREET ADDRESS   | <b>70 Bascom Street</b>  |   |  |
| CITY-ST-ZIP  | <b>FERNANDINA BEACH, FL 32034</b>              | CITY-ST-ZIP  | <b>Uxbridge, Ontario, CANADA L9P 1J2</b>   |   |  |
| TITLE  | PD <input type="checkbox"/> Delete             | TITLE  |  |   |  |
| NAME   | <b>JONES, LEON E</b>                           | NAME   |  |   |  |
| STREET ADDRESS   | <b>4962 SUMMER BEACH BLVD</b>                  | STREET ADDRESS   |  |   |  |
| CITY-ST-ZIP  | <b>FERNANDINA BEACH, FL 32034</b>              | CITY-ST-ZIP  |  |   |  |
| TITLE  | STD <input checked="" type="checkbox"/> Delete | TITLE  | STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |
| NAME   | <b>HOLLINGSWORTH, TOM</b>                      | NAME   | <b>Mixon, Carroll M.</b>   |   |  |
| STREET ADDRESS   | <b>280 SKYLINE PARKWAY</b>                     | STREET ADDRESS   | <b>3306 Fairway Oak Villas</b>   |   |  |
| CITY-ST-ZIP  | <b>ATHENS, GA 30606</b>                        | CITY-ST-ZIP  | <b>Amelia Island, FL 32034</b>   |   |  |
| TITLE  |  | TITLE  |  |   |  |
| NAME   |  | NAME   |  |   |  |
| STREET ADDRESS   |  | STREET ADDRESS   |  |   |  |
| CITY-ST-ZIP  |  | CITY-ST-ZIP  |  |   |  |
| 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. |  |  |  |   |  |
| <b>SIGNATURE: <i>E. Leon Jones</i> 3-1-2006</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |  |  |   |  |