2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# 728655

Entity Name: THE FAIRWAYS OF BREVARD ASSOCIATION #1, INC.

Current Principal Place of Business:

725 PORT MALABAR BLVD., NE
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

725 PORT MALABAR BLVD., NE
PALM BAY, FL 32905 US

New Mailing Address:

FEI Number: 59-1892971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JARVI, BRADLEY
1608 SUNNYBROOK LANE NE, #107
PALM BAY, FL 32905 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:	BECHARD, SHIRLEY	
Address:	725 PORT MALABAR BLVD. NE, #105	
City-St-Zip:	PALM BAY, FL 32905	
Title:	S	( ) Delete
Name:	BREWSTER, BARABARA	
Address:	725 PORT MALABAR BLVD. NE, #201	
City-St-Zip:	PALM BAY, FL 32905	
Title:	TD	( ) Delete
Name:	WINANS, LEWIS	
Address:	725 PORT MALABAR BLVD NE, #311	
City-St-Zip:	PALM BAY, FL 32905	
Title:	PD	(X) Delete
Name:	SCHOFIELD, ARNOLD	
Address:	725 PORT MALABAR BLVD. NE #308	
City-St-Zip:	PALM BAY, FL 32905	
Title:	VP	( ) Delete
Name:	GOLD, RUTH	
Address:	725 PORT MALABAR BLVD NE, #211	
City-St-Zip:	PALM BAY, FL 32905	

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:	VP	(X) Change ( ) Addition
Name:	JOHNSON, GERALDINE	
Address:	725 PORT MALABAR BLVD NE, #110	
City-St-Zip:	PALM BAY, FL 32905	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARBARA BREWSTER SD 03/11/2005

Electronic Signature of Signing Officer or Director — Date