


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90034 026 ****61.25

DOCUMENT # 729982 1. Entity Name FAIRWAY HILLS ASSOCIATION, INC.					
Principal Place of Business 215 NW FAIRWAY HILLS GLEN LAKE CITY, FL 32055-7273				Mailing Address 215 NW FAIRWAY HILLS GLEN LAKE CITY, FL 32055-7273	
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DROSCHKE, VIRGINIA 215 NW FAIRWAY HILLS GLEN #8 LAKE CITY, FL 32055-7266				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, JEANETTE		NAME	UNIT #13	
STREET ADDRESS	215 NW FAIRWAY HILLS GLEN UNIT #24		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOLBERT, STANLEY		NAME		
STREET ADDRESS	215 NW FAIRWAY HILLS GLEN #17		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 320557261		CITY-ST-ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILPOT, MARY A		NAME		
STREET ADDRESS	215 NW FAIRWAY HILLS GLEN UNIT #10		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 320557266		CITY-ST-ZIP		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DROSCHKE, VIRGINIA		NAME		
STREET ADDRESS	215 NW FAIRWAY HILLS GLEN #8		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 320557266		CITY-ST-ZIP		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEROSIA, DALE		NAME		
STREET ADDRESS	215 NW FAIRWAY HILLS GLEN UNIT #14		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WOODS, JANICE		NAME	Ed Woodberry	
STREET ADDRESS	215 NW FAIRWAY HILLS GLEN UNIT #6		STREET ADDRESS	215 NW FAIRWAY HILLS GLEN UNIT #21	
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	LAKE CITY, FL 32055	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and 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: <i>Virginia Drosche, Treasurer</i>			1-23-06 386-754-5504		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Virginia Drosche