

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738266

FILED  
Feb 18, 2011  
Secretary of State

**Entity Name:** FAIRWAY LAKES VILLAGE HOMEOWNERS, INC.

**Current Principal Place of Business:**

12460 SW 8TH STREET, STE 202  
MIAMI, FL 33184 US

**New Principal Place of Business:**

12460 SW 8TH STREET,  
SUITE 202  
MIAMI, FL 33184 US

**Current Mailing Address:**

12460 SW 8TH STREET, STE 202  
140  
MIAMI, FL 33184 US

**New Mailing Address:**

12460 SW 8TH STREET,  
SUITE 202  
MIAMI, FL 33184 US

**FEI Number:** 59-1819564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORAN, TAMARA  
12460 SW 8TH STREET, STE 202  
MIAMI, FL 33184 US

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

MORAN AND ASSOCIATES, INC  
12460 SW 8TH STREET, STE 202  
MIAMI, FL 33184 US

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: TAMARA MORAN

02/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VALDES, RUBEN  
Address: 1003 NW 106 AVE. CIRCLE  
City-St-Zip: MIAMI, FL 33172

Title: D  
Name: ALVAREZ, ALEX  
Address: 933 NW 106 AVE. CIRCLE  
City-St-Zip: MIAMI, FL 33172

Title: SD  
Name: GARCIA, PATRICIA  
Address: 936 NW 106 AVE. CIRCLE  
City-St-Zip: MIAMI, FL 33172

Title: TD  
Name: POLTORAK, ESTEBAN  
Address: 1015 NW 106 AVE. CIRCLE  
City-St-Zip: MIAMI, FL 33172

Title: VPD  
Name: ALAMINO, ROSA  
Address: 905 NW 106 AVE CIRCLE  
City-St-Zip: MIAMI, FL 33172

Title: D  
Name: DOLAN, SILVIA  
Address: 923 NW 106 AVE CIRCLE  
City-St-Zip: MIAMI, FL 33172

I hereby 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 all other like empowered.

SIGNATURE: RUBEN VALDES

PD

02/18/2011

Electronic Signature of Signing Officer or Director

Date