


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2005 08:00 AM
Secretary of State

| | | |
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| DOCUMENT # 739677 | |  |
| 1. Entity Name FAIRWAY VILLAGE HOMEOWNERS ASSOCIATION, INC. | | |
| Principal Place of Business 12002 NICKLAUS CIR TAMPA, FL 33624 US | | Mailing Address PO BOX 273765 TAMPA, FL 33688-3765 US |
| WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent REMENTER, JOHN A 12002 NICKLAUS CIR TAMPA, FL 33624 | | |
| 6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small> DATE _____ | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KLOTZ, GARETH 12006 TREVINO PLACE TAMPA, FL 33624 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUARINO, LON 4607 PLAYER CT TAMPA, FL 33624 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WIENER, TODD 11919 NICKLAUS CIR TAMPA, FL 33624 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD REMENTER, JOHN A 12002 NICKLAUS CIR TAMPA, FL 33624 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JAMES, RANDY 4620 OLD SAYBROOK AVE TAMPA, FL 33624 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAMANO, DAVID 4603 LAURA CT TAMPA, FL 33624 | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: JOHN A. REMENTER <i>John A. Rementer</i> 1/15/05 813-962-2803 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> | | |



01162005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-2076207 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

WRITE

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01/24/05-80164-003 61.25

**NOT WRITE
IN THIS SPACE**