## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2007 8:00 am Secretary of State

DOCUMENT #739677 1. Entity Name FAIRWAY VILLAGE HOMEOWNERS ASSOCIATION, INC.				03-12-2007 90076 028 ****61.25	
12002 NICK	e of Business LAUS CIR 33624 US	Mailing Address PO BOX 273765 TAMPA, FL 33688-3765	US		
Principal Place of Business - No P.O. Box #     Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03072007 Chg-NP CR2E037 (12/06)	
City & Stat	de	City & State		4. FEI Number Applied For 59-2076207 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
REMENTER, JOHN A 12002 NICKLAUS CIR TAMPA, FL 33624				Name Street Address (P.O. Box Number is Not Acceptable)	
€:			City	FL Zip Code	
the obliga	e named entity submits this statement tions of registered agent.  Signature, typed or priviled name of registered ager			registered agent, or both, in the State of Florida. I am familiar with, and accept a required when rensaring)  DATE	
   કારમું/દ	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co		\$5.00 May Be Make check payable to Florida Department of State	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLOTZ, GARETH 12006 TREVINO PLACE TAMPA, FL 33624	☐ Delete	TITLE	PD Change Addition KLOTZ CARETH 12006 TR EULOU PLACE TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUARINO, LON 4607 PLAYER CT TAMPA, FL 33624	☐ Delete	TITLE \	SUARINO LON H607 PLH-HRRCT TAMPAFL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIENER, TODD 11919 NICKLAUS CIR TAMPA, FL 33624	<del>∑ 9</del> ekete	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	

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.

NAME

TITLE

NAME

TITLE

NAME

21-Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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SIGNATURE:

NAME

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CITY-ST-ZIP

REMENTER, JOHN A

12002 NICKLAUS CIR

4620 OLD SAYBROOK AVE

**TAMPA, FL 33624** 

JAMES, RANDY

**TAMPA, FL 33624** 

SD

BOMATURE AND TYPED ON PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

DEED DESCRIPTION OF BIGHING OFFICER OR DIRECTOR

DESCRIPTION OF BIGHING OFFICER OR DIRECTOR

MARY HOLLAND 11906 NICKLAUS CIE ☐ Change

**Addition** 

☐ Addition