

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90046 012 ****61.25

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2076207

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KLOTZ, GARETH
12006 TREVINO PLACE
TAMPA, FL 33624** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BETTY BRADY
11718 PALMER DR
TAMPA, FL 33624** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GUARINO, LON
4607 PLAYER CT
TAMPA, FL 33624** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JOSEPH VRENTA
4613 OLD SAYBROOK
TAMPA, FL 33624** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
REMENTER, JOHN A
12002 NICKLAUS CIR
TAMPA, FL 33624** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LON GUARINO
4607 PLAYER CT
TAMPA, FL 33624** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HOLLAND, MARY
11906 NICKLAUS CIR
TAMPA, FL 33624** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARY HOLLAND
11906 NICKLAUS CIR,
TAMPA, FL 33624** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARBARA WILLEY
4616 OLD SAYBROOK
TAMPA, FL 33624** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LISA SKINNER
11822 NICKLAUS CIR
TAMPA, FL 33624** ☐ 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.

SIGNATURE:

John A. Rementer **JOHN A. REMENTER** 1/18/2008 813-962-2803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State		<div style="font-size: 2em; font-family: cursive; margin-bottom: 10px;">40006465</div> 01172008 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-2076207 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent REMENTER, JOHN A 12002 NICKLAUS CIR TAMPA, FL 33624	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD KLOTZ, GARETH 12006 TREVINO PLACE TAMPA, FL 33624	<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GUARINO, LON 4607 PLAYER CT TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete		D MARIA RODRIGUES 11712 NICKLAUS CIR TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD REMENTER, JOHN A 12002 NICKLAUS CIR TAMPA, FL 33624	<input type="checkbox"/> Delete		D MARY ANN KEMP 12007 NICKLAUS CIR TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD HOLLAND, MARY 11906 NICKLAUS CIR TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete		D PETER SCAGLIONE 11912 NICKLAUS CIR TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]	<input type="checkbox"/> Delete		D RANDY JAMES 4620 OLD SAYBROOK TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]	<input type="checkbox"/> Delete		D SHANE FLETCHER 12206 SNEAD PLACE TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]	<input type="checkbox"/> Delete		[Empty]	
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.					
SIGNATURE: <i>John A. Rementer</i> JOHN A. REMENTER 1/18/2008 813 9622803					