

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90096 004 ****61.25

DOCUMENT # 741898	
1. Entity Name FAIRWAY MANORS CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 4427 COUNTRY CLUB BLVD CAPE CORAL, FL 33904 US	Mailing Address 4427 COUNTRY CLUB BLVD #H-7 CAPE CORAL, FL 33904 US
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60037647



2. Principal Place of Business 40 American Condo Mgmt Suite, Apt. #, etc. 615 Cape Coral Pkwy W #103 City & State Cape Coral, FL Zip 33914 Country	3. Mailing Address 40 American Condo Mgmt Suite, Apt. #, etc. P.O. Box 100399 City & State Cape Coral, FL Zip 33910 Country
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03032006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1061201	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TOKANEL, JOHN 4427 COUNTRY CLUB BLVD #147 CAPE CORAL, FL 33904	
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7. Name and Address of New Registered Agent Name <u>SUSAN KASE</u> Street Address (P.O. Box Number is Not Acceptable) 615 Cape Coral Pkwy W # 103 City <u>FL</u> Zip Code <u>33914</u>	
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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 Susan Kase Susan Kase 4/26/06
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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIRKPATRICK, JAMES 4427 COUNTRY CLUB BLVD G3 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONIAK, PAMELA 4427 COUNTRY CLUB BLVD #H-11 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAM KAPADIA 4427 Country Club Blvd # G1 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOKANEL, JOHN JR 4427 COUNTRY CLUB BLVD H7 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWANKE, AXEL 4427 COUNTRY CLUB BLVD., #H12 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, CAROLE 4427 COUNTRY CLUB BLVD., #11 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Axel Schwanke 4/30/06 239-542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 4404