2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 741898

Entity Name: FAIRWAY MANORS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT
615 CAPE CORL PKWY W-103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN CONDO MGMT
615 CAPE CORL PKWY W-103
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 59-1061201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASE, SUSAN
615 CAPE CORAL PKWY W#103
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	KIRKPATRICK, JAMES	
Address:	4427 COUNTRY CLUB BLVD G3	
City-St-Zip:	CAPE CORAL, FL 33904 US	
Title:	SD	( ) Delete
Name:	TOKANEL, JOHN JR	
Address:	4427 COUNTRY CLUB BLVD H7	
City-St-Zip:	CAPE CORAL, FL 33904 US	
Title:	PD	( ) Delete
Name:	SCHWANKE, AXEL	
Address:	4427 COUNTRY CLUB BLVD., #H12	
City-St-Zip:	CAPE CORAL, FL 33904 US	
Title:	TD	( ) Delete
Name:	MILLER, CAROLE	
Address:	4427 COUNTRY CLUB BLVD., #11	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	D	( ) Delete
Name:	KAPADIA, SAM	
Address:	4427 COUNTY CLUB BLVD #G1	
City-St-Zip:	CAPE CORAL, FL 33904	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AXEL SCHWANKE PRES 04/22/2009

Electronic Signature of Signing Officer or Director — Date