

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741906

FILED
Mar 18, 2009
Secretary of State

Entity Name: THE FAIRWAYS AT SILVER SPRINGS SHORES CONDOMINIUM NO 5, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-1974622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: TD () Delete
Name: GESSNER, IDA
Address: 751A MIDWAY DR
City-St-Zip: OCALA, FL 34472

Title: PD () Delete
Name: POND, MAURICE
Address: 727A MIDWAY DR
City-St-Zip: OCALA, FL 34472

Title: SD () Delete
Name: GARLAND, LAVELL
Address: 747B MIDWAY DR
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: GARDNER, PHILIP
Address: 9241 SE 128TH ST
City-St-Zip: SUMMERFIELD, FL 34491

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FONLEY, DONALD
Address: 763A MIDWAY DR
City-St-Zip: OCALA, FL 34472

Title: VPD (X) Change () Addition
Name: ZIELINSKI, JAMES
Address: 745A MIDWAY DR
City-St-Zip: OCALA, FL 34472

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

Title: TD (X) Change () Addition
Name: GESSNER, IDA
Address: 751A MIDWAY DR
City-St-Zip: OCALA, FL 34472

Title: D () Change (X) Addition
Name: POND, MAURICE
Address: 1799 OLYMPIC LOOP #103
City-St-Zip: SPRINGDALE, AR 72762

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: DONALD FONLEY

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date