

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90428 013 \*\*\*\*61.25

<b>DOCUMENT # 745178</b> 1. Entity Name <b>FAIRWAY PARK CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437</b>			Mailing Address <b>5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>59-2029736</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JOE BARTLETT, PRES. CRYSTAL COMM MGMT INC 5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437</b>			7. Name and Address of New Registered Agent Name <b>Edward O'Connell, President</b> Street Address (P.O. Box Number is Not Acceptable) <b>Crystal Comm. Mgmt. Inc.</b> <b>5995 Bannock Terrace</b> City <b>Boynton Beach</b> <b>FL</b> Zip Code <b>33437</b>		
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.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>4/24/06</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SIMMONS, FRAN 5575 FAIRWAY PARK DRIVE BOYNTON BEACH, FL 33437</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GELLES, ARNOLD 5519 FAIRWAY PARK DRIVE BOYNTON BCH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LYNCH, JONATHAN 5715 FAIRWAY PARK DRIVE BOYNTON BCH, FL</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PHILIPS, IRVING 5631 FAIRWAY PARK DRIVE, #202 BOYNTON BEACH, FL 33437</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SIEGEL, DANIEL 5640 FAIRWAY PARK DR. BOYNTON BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD MAHL, FRED 5603 FAIRWAY PARK DRIVE BOYNTON BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Straus, Robert 5701 Fairway Park Drive #104 Boynton Beach, FL 33437</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Lorintz, Norman 5690 Fairway Park Drive Boynton Beach, FL 33437</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Graziano, Anthony 5560 Fairway Park Drive #104 Boynton Beach, FL 33437</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Saitz, Susan 5701 Fairway Park Drive Boynton Beach, FL 33437</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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"/> 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.					
<b>SIGNATURE:</b>		Date <b>4/25/06</b> (561) 734-8005			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					