2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90109 027 ****61.25

DOCUMENT # 747610

1. Entity Name

FAIRWAY VILLAS OF MILES GRANT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5276 SE SEA ISLAND WAY STUART FL 34997	5276 SE SEA ISLAND WAY STUART FL 34997

1st MOORE CR2E037 (10/04)

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 59-2023772 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORNETT, JANE L
401 E OSCEOLA ST
STUART FL 34995

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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 TOBIN, SYLVIA 5203 SE SEA ISLAND WAY STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HICKS, WILLIAM L, 5271 SE SEA ISLAND WAY STUART FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAURENZA, ANTHONY 5235 S.E. SEA ISLAND WAY STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAURENZA, ANTHONY 5263 SE SEA ISLAND WAY STUART FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MAULWURF, DOUGLAS 5227 SE SEA ISLAND WAY STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KOESTER, SUSAN 5265 SE SEA ISLAND WAY STUART FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MAXWELL, ALICE S 5253 SE SEA ISLAND WAY STUART FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TOBIN, SYLVIA 5203 SE SEA ISLAND WAY STUART FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODGES, JERRY 5232 SE SEAD ISLAND WAY STUART FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAULWURF, DOUGLAS 5227 SE SEA ISLAND WAY STUART FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODGES, JERRY 5232 SE SEA ISLAND WAY STUART FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHLOUGH, CARL 5247 SE SEA ISLAND WAY STUART FL 34997	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] SYLVIA TOBIN APRIL 1, 2005 (772) 221-9498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #