

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90024 040 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                                                                     |                                                               |                                                                                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 747610</b><br>1. Entity Name<br><b>FAIRWAY VILLAS OF MILES GRANT ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                                                                                     |                                                               |                                                                                                                                                      |  |
| Principal Place of Business<br>5276 SE SEA ISLAND WAY<br>STUART, FL 34997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                                                     | Mailing Address<br>5276 SE SEA ISLAND WAY<br>STUART, FL 34997 |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | 3. Mailing Address                                                                  |                                                               |                                                                                                                                                                                                                                       |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        | Suite, Apt. #, etc.                                                                 |                                                               |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        | City & State                                                                        |                                                               |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                | Zip                                                                                 | Country                                                       | 4. FEI Number<br><b>59-2023772</b>                                                                                                                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                                                     |                                                               | Applied For<br>Not Applicable                                                                                                                                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORNETT, JANE L</b><br><b>401 E OSCEOLA ST</b><br><b>STUART, FL 34995</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                                     |                                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        |                                                                                     |                                                               |                                                                                                                                                                                                                                       |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                               | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                                                                                                                          |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        |                                                                                     |                                                               |                                                                                                                                                                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>HICKS, WILLIAM L<br>5271 S.E. SEA ISLAND WAY<br>STUART, FL 34997 <input type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VD<br>LAURENZA, ANTHONY<br>5263 SE SEA ISLAND WAY<br>STUART, FL 34997 <input type="checkbox"/> Delete  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SD<br>KOESTER, SUSAN<br>5265 S.E. SEA ISLAND WAY<br>STUART, FL 34997 <input type="checkbox"/> Delete   |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | D KOESTER, SUSAN<br>5265 S.E. SEA ISLAND WAY<br>STUART, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TD<br>TOBIN, SYLVIA<br>5203 SE SEA ISLAND WAY<br>STUART, FL 34997 <input type="checkbox"/> Delete      |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>MAULWURF, DOUGLAS<br>5227 SE SEA ISLAND WAY<br>STUART, FL 34997 <input type="checkbox"/> Delete   |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>PETRY, ELLEN<br>5209 S.E. SEA ISLAND WAY<br>STUART, FL 34997 <input type="checkbox"/> Delete      |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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> <i>William L. Hicks Pres</i> <b>WILLIAM L. HICKS Pres.</b> 4/9/07 772 283 8931<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                     |                                                               |                                                                                                                                                                                                                                       |  |

# ATTACHMENT

40056411

2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # 747610

FAIRWAY VILLAS OF MILES GRANT ASSOCIATION, INC.

5276 S. E. SEA ISLAND WAY

STUART, FL 34997

ADDITIONAL SHEET - Item 11, Additions/Changes to Officers and Directors in 10

|                 |                           |               |
|-----------------|---------------------------|---------------|
| Title:          | S                         | <b>Change</b> |
| Name:           | Hicks, Sandra N.          |               |
| Street Address: | 5271 S. E. Sea Island Way |               |
| City-St-Zip:    | Stuart, FL 34997          |               |