## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 747610**

FILED Mar 25, 2009 Secretary of State

Entity Name: FAIRWAY VILLAS OF MILES GRANT ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5276 SE SEA ISLAND WAY STUART, FL 34997 **Current Mailing Address: New Mailing Address:** 5276 SE SEA ISLAND WAY STUART, FL 34997 FEI Number: 59-2023772 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORNETT, JANE L 401 E OSCEOLA ST STUART, FL 34995 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KOESTER, SUSAN Name: Name: 5265 SE SEA ISLAND WAY Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: VD () Delete Title: VD (X) Change ( ) Addition PETRY, ELLEN Name: DANESE, MARILYN Name: Address: 5209 SE SEA ISLAND WAY Address: 5269 SE SEA ISLAND WAY City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: STD () Delete Title: () Change () Addition TOBIN, SYLVIA Name: Name: 5203 SE SEAISLAND WAY Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: LAURENZA, ANTHONY Name: NANCY, THOMPSON 5263 SE SEA ISLAND WAY 5275 SE SEA ISLAND WAY Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: () Delete Title: (X) Change ( ) Addition DANESE, MARILYN PEG, DUNN Name: Name: 5269 SE SEA ISLAND WAY 5267 SE SEA ISLAND WAY Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: () Delete Title: (X) Change ( ) Addition MAXWELL, ALICE PETRY, ELLEN Name: Name: Address: 5209 S.E. SEA ISLAND WAY Address: 5253 S.E. SEA ISLAND WAY STUART, FL 34997 STUART, FL 34997 City-St-Zip: 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: SUE KOESTER PRES 03/25/2009