2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# 749390

Entity Name: FAIRWAY VILLAS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5640 MASHIE CIRCLE
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

5640 MASHIE CIRCLE
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 59-2112217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIDINGER, RICHARD
5485 BRASSY CIRCLE
NORTH PORT, FL 34287 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:	D	( ) Delete
Name:	BROWN, JANE	
Address:	5885 BRASSY CIRCLE	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	D	( ) Delete
Name:	HENDERSON, DAVE	
Address:	5701 MASHE CIRCLE	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	P	( ) Delete
Name:	PAYTON, ELEANORE	
Address:	5230 NIBLICK CR	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	T	( ) Delete
Name:	BOHMAN, BOB	
Address:	5996 MASHE CIRCLE	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	V	( ) Delete
Name:	FRIDINGER, RICHARD	
Address:	5485 BRASSY CIRCLE	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	S	( ) Delete
Name:	KOCH, SYLVIA	
Address:	5496 BRASSY CIRCLE	
City-St-Zip:	NORTH PORT, FL 34287	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	FRIDINGER, RICHARD	
Address:	5485 BRASSY CIRCLE	
City-St-Zip:	NORTH PORT, FL 34287	
Title:		( ) Change ( ) Addition
Name:		
Address:		
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: ELEANORE PAYTON P 02/02/2009

Electronic Signature of Signing Officer or Director — Date