


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90062 043 \*\*\*\*61.25

<b>DOCUMENT # 749545</b> 1. Entity Name <b>FAIRWAY LAKE APTS., INC.</b>					
Principal Place of Business <b>105 N GOLFVIEW #3 LAKE WORTH FL 33460</b>			Mailing Address <b>105 N GOLFVIEW #3 LAKE WORTH FL 33460</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2004524</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent  <b>DYE, JANE 105 N GOLFVIEW #3 LAKE WORTH FL 33460</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY ST / ZIP	PD MARX, THOMAS J 105 N GOLFVIEW #4 LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	PD Donald C. Dye 105 N Golfview, #3 Lake Worth, FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	VD DYE, DONALD C 105 NORTH GOLFVIEW #3 LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	VD Jon R. Brown 105 N Golfview, #1 Lake Worth, FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	STD DYE, JANE 105 NORTH GOLFVIEW #3 LAKE WORTH FL	<input type="checkbox"/> Delete	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"/> Delete		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"/> Delete		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"/> Delete		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 Section 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.

**SIGNATURE:** Jane F. Dye, Secretary/Treasurer 2-6-07