

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 749545

1. Entity Name

FAIRWAY LAKE APTS., INC.



FILED

**Feb 15, 2008 8:00 am
Secretary of State**

02-15-2008 90014 003 ****61.25



1st MOORE CR2E037 (10/07)

Principal Place of Business		Mailing Address					
105 N GOLFVIEW #3 LAKE WORTH FL 33460		105 N GOLFVIEW #3 LAKE WORTH FL 33460					
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				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DYE, JANE 105 N GOLFVIEW #3 LAKE WORTH FL 33460				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when relocating)

DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS			
<p>TITLE: PD NAME: DYE, DONALD C STREET ADDRESS: 105 N GOLFREILO #3 CITY-ST-ZIP: LAKE WORTH FL 33460</p> <p><i>Golfview</i></p>		<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>	
<p>TITLE: VD NAME: BROWN, JON R STREET ADDRESS: 105 N GOLFVIEW # 1 CITY-ST-ZIP: LAKE WORTH FL 33460</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>	
<p>TITLE: STD NAME: DYE, JANE STREET ADDRESS: 105 NORTH GOLFVIEW #3 CITY-ST-ZIP: LAKE WORTH FL</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>	
<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>	
<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>	
<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>	
<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>	

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 2-7-08*