


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

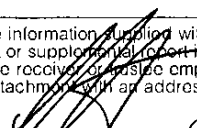
FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90029 009 ****61.25

DOCUMENT # 751156					
1. Entity Name FAIRWAY COVE HOMES ASSOCIATION, INC.					
Principal Place of Business C/O J & L PROPERTY MANAGEMENT, INC. 10191 WEST SAMPLE RD., STE. 203 CORAL SPRINGS FL 33065 US			Mailing Address C/O J & L PROPERTY MANAGEMENT, INC. 10191 WEST SAMPLE RD., STE. 203 CORAL SPRINGS FL 33065 US		
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 59-2795763	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TOKAR, CHRIS 9896 FAIRWAY CAVE LANE PLANTATION FL 33824				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 re-registering)</small>					

1st MOORE CR2E037 (10/06)



FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY ST-ZIP	S TERRANOVA, PAMELA 9801 FAIRWAY COVE LN PLANTATION FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	D KIKILOFF, MICHELE 9855 FAIRWAY COVE LANE PLANTATION, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY ST-ZIP	VPD TRACHTENBERG, LEE 9877 FAIRWAY COVE LANE PLANTATION FL 33324	<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	PD TOKAR, CHRIS 9896 FAIRWAY COVE LANE PLANTATION FL 33324	<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	T MODLIN, SCOTT 9815 FAIRWAY COVE LANE PLANTATION FL 33324	<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	D FINNEK, HOWARD 9381 FAIRWAY COVE LANE PLANTATION FL 33324	<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: 				CHRISTINA M. TOKAR - President 2.28.07 954 600 7427			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			