

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751740

FILED
Sep 01, 2004
Secretary of State

Entity Name: FAIRWAY RUN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

57 DOUGLAS ST
107
HOMOSASSA, FL 34446 US

New Principal Place of Business:

57 DOUGLAS ST
106
HOMOSASSA, FL 34446 US

Current Mailing Address:

57 DOUGLAS ST
107
HOMOSASSA, FL 34446 US

New Mailing Address:

57 DOUGLAS ST
106
HOMOSASSA, FL 34446 US

FEI Number: 59-1999344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERN, WILLIAM
57-107 DOUGLAS STREET
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

NICHOLS, SHARON
57-106 DOUGLAS STREET
HOMOSASSA, FL 34446 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: SHARON NICHOLS

09/01/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KERN, WILLIAM
Address: 57 DOUGLAS ST. #107
City-St-Zip: HOMOSASSA, FL 34446

Title: VD () Delete
Name: SHIEKH, NASIR
Address: 57-109 DOUGLAS ST
City-St-Zip: HOMOSASSA, FL 34446

Title: S () Delete
Name: SMITH-KERN, KATHLEEN
Address: 57-107 DOUGLAS ST
City-St-Zip: HOMOSASSA, FL 34446

Title: T () Delete
Name: HARDING, VIRGINA
Address: 57 DOUGLAS ST #108
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: SCANLON, KATHLEEN
Address: 57 DOUGLAS ST. #105
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NICHOLS, SHARON
Address: 57 DOUGLAS ST. #106
City-St-Zip: HOMOSASSA, FL 34446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SULLIVAN-BROGNANOO, MARYKAYE
Address: 57-107 DOUGLAS ST
City-St-Zip: HOMOSASSA, FL 34446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCLAUGHLIN, CAROLE
Address: 57 DOUGLAS ST. #105
City-St-Zip: HOMOSASSA, FL 34446

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARON NICHOLS

P

09/01/2004

Electronic Signature of Signing Officer or Director

Date