2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 752669

1. Entity Name
FAIRWAY TWO TOWNHOUSES OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3533 EDGEWATER DR SEBRING, FL 33872 US	3533 EDGEWATER DR SEBRING, FL 33872 US

02222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2076451
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOAD, GLORIA B.
3533 EDGEWATER DR.
SEBRING, FL 33872

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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 required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000664188
03/22/07 00035 005 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FAUPEL, PATRICIA
STREET ADDRESS	3531 EDGEWATER DRIVE
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	VD
NAME	FAUPEL, RICHARD
STREET ADDRESS	3535 EDGEWATER DR
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	STD
NAME	GOAD, GLORIA B
STREET ADDRESS	3533 EDGEWATER DR
CITY-ST-ZIP	SEBRING, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gloria B Goad GLORIA B. GOAD 3-8-07 863-471-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #