

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 752669

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



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

Mailing Address
**3533 EDGEWATER DR
SEBRING, FL 33872 US**



03282008 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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000876262

04/11/08-80067-005 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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IN THIS SPACE**

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 3-28-08 863-471-1446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #