

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752669

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

3533 EDGEWATER DR  
SEBRING, FL 33872 US

**New Principal Place of Business:**

3535 EDGEWATER DR  
SEBRING, FL 33872 US

**Current Mailing Address:**

3533 EDGEWATER DR  
SEBRING, FL 33872 US

**New Mailing Address:**

3535 EDGEWATER DR  
SEBRING, FL 33872 US

**FEI Number:** 59-2076451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SCHULTZ, PATRICIA A.  
3535 EDGEWATER DR.  
SEBRING, FL 33872 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: PATRICIA A. SCHULTZ

02/25/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FAUPEL, PATRICIA  
Address: 3531 EDGEWATER DRIVE  
City-St-Zip: SEBRING, FL 33872

Title: VD  
Name: LOPEZ, JAMIE  
Address: 3529 EDGEWATER DR  
City-St-Zip: SEBRING, FL 33872

Title: STD  
Name: SCHULTZ, PATRICIA A  
Address: 3535 EDGEWATER DR  
City-St-Zip: SEBRING, FL 33872

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A. SCHULTZ

STD

02/25/2010

Electronic Signature of Signing Officer or Director

Date