

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90078 047 ****61.25



DOCUMENT # 756235
 1. Entity Name
FAIRWAY VILLAS AT PEBBLE CREEK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
18829 TOURNAMENT TRAIL 15910 EAGLE RIVER WAY
TAMPA FL 33647 TAMPA FL 33627
S US



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number **59-2315166** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
THOMAS R. SMITH, EA
15910 EAGLE RIVER WAY
TAMPA FL 33624

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD	<input type="checkbox"/> Delete
NAME	RODGERS, ALAN	
STREET ADDRESS	18829 TOURNAMENT TRAIL	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ANDERSON, EDWARD	
STREET ADDRESS	18804 TOURNAMENT TRAIL	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMPBELL, JAMES	
STREET ADDRESS	18811 TOURNAMENT TRAIL	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ZULLI, JOSEPH	
STREET ADDRESS	18819 TOURNAMENT TRAIL	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TD
Holland, GWEN
18809 TOURNAMENT TRAIL
TAMPA, FL 33647

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: _____