2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761033

FILED Apr 30, 2009 Secretary of State

Entity Name: THE FAIRWAY BUILDING ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1044 CASTELLO DRIVE 3400 TAMIAMI TRAIL NORTH

SUITE 206 SUITE 302

NAPLES, FL 34103 NAPLES, FL 34103

Current Mailing Address: New Mailing Address:

1044 CASTELLO DRIVE 3400 TAMIAMI TRAIL NORTH SUITE 206 SUITE 302

NAPLES, FL 34103 NAPLES, FL 34103 US

FEI Number: 59-2173727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SOUTHWEST PROPERTY MANAGEMENT CORP. COLLIER ASSOCIATION MANAGEMENT, INC.

3400 TAMIAMI TRAIL NORTH 1044 CASTELLO DR #206

NAPLES, FL 34103 SUITE 302 NAPLES, FL 34103 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: KEITH TOMPKINS 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

FRAGER, RICHARD HARRISON, LAURA Name: Name: 1000 TAMIAMI TRAIL NORTH, #403 Address: 1000 TAMIAMI TRAIL NORTH, #503 Address:

City-St-Zip: NAPLES, FL City-St-Zip: NAPLES, FL

Title: Title: () Delete () Change () Addition

Name: PILON, JAMES Name: Address: 1000 TAMIAMI TRAIL N. #202 Address: City-St-Zip: NAPLES, FL City-St-Zip:

Title: () Delete Title: () Change () Addition

LUCAS, DENNIS Name: Name: 1000 TAMIAMI TR. NO., #302 Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KEITH TOMPKINS PM04/30/2009