2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 22, 2007 8:00 am **Secretary of State DOCUMENT # 764781** 02-22-2007 90008 044 ****61.25 FAIRWAY CENTER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 9031 TOWN CENTER PARKWAY 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business - No PO. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262007 Cha-NP CR2E037 (12/06) 4. FEI Number 59-2205424 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALDERMAN, JAMES F Street Address (P 5125 MANATEE AVENUE WEST BRADENTON, FL 33529 Zip Code 34202 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE YNE Change ☐ Addition TITLE Delete MCLAUGHLIN, MARK E NAME NAME manater are 5250 RIVERVIEW BLVD. STREET ADDRESS STREET ADDRESS BRADENTON, FL CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition D Delete TITLE TITLE RISSLER, ANTHONY S NAME NAME STREET ADDRESS 7605 17TH AVENUE, NW STREET ADDRESS CITY-ST-ZIP BRADENTON, FL CITY - ST - ZIP ☐ Addition SDT Delete TITLE TITLE NAME ALDERMAN, JAMES F NAME STREET ADDRESS 308 77TH STREET WEST STREET ADDRESS CITY-ST-7IP BRADENTON, FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE WILSON, DOUGLAS B NAME NAME STREET ADDRESS 9031 TOWN CENTER PKWY STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-359-1134

FILED

Daytime Phone #