


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90075 028 \*\*\*\*61.25

<b>DOCUMENT # 764781</b> 1. Entity Name <b>FAIRWAY CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9031 TOWN CENTER PARKWAY BRADENTON, FL 34202</b>			Mailing Address <b>9031 TOWN CENTER PARKWAY BRADENTON, FL 34202</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2205424</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DOUGLAS WILSON ADVANCED MANAGEMENT 9031 TOWN CENTER PKWY BRADENTON, FL 33529</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State.</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, MARK E		NAME	<i>Prob Elliott, Pres</i>	
STREET ADDRESS	5250 RIVERVIEW BLVD.		STREET ADDRESS	<i>5105 Manatee Ave</i>	
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP	<i>Bradenton, FL 34209</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RISSLER, ANTHONY S		NAME	<i>Chad Branigan, VP</i>	
STREET ADDRESS	7605 17TH AVENUE, NW		STREET ADDRESS	<i>1107 Mallorca Dr.</i>	
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP	<i>Bradenton FL 34209</i>	
TITLE	SDT	<input checked="" type="checkbox"/> Delete	TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN, JAMES F		NAME	<i>Paul Spenceley, Sec</i>	
STREET ADDRESS	308 77TH STREET WEST		STREET ADDRESS	<i>2824 State Rd 64 E</i>	
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP	<i>Bradenton FL 34209</i>	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DOUGLAS B		NAME		
STREET ADDRESS	9031 TOWN CENTER PKWY		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4/2/08</i> Daytime Phone # <i>941-359-1134</i>		