


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 767051 1. Entity Name PLANTATION FAIRWAY CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 9301 W FT ISLAND TRL CRYSTAL RIVER, FL 34429 US	Mailing Address 5803 GREENVILLE AVENUE DALLAS, TX 75206 US
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DO NOT WRITE IN THIS SPACE



01182004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2451545	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREEN, W.T. 9030 W FORT ISLAND TRAIL #5 CRYSTAL RIVER, FL 34429	DO NOT WRITE IN THIS SPACE
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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 _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000032549 02/05/04-80007-016 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSER PAUL 5803 GREENVILLE AVE. DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STOESSNER, K.F., JR. 5803 GREENVILLE AVE. DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, VESTER 5803 GREENVILLE AVE. DALLAS, TX 75206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  K.F. STOESSNER	Date 1/19/04	Daytime Phone # 214 691 6541
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