


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 767051</b> 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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01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2451545

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  GREEN, W.T. 9030 W FORT ISLAND TRAIL #5 CRYSTAL RIVER, FL 34429
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**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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	

UN0000197891  
01/27/05-80030-017 \$1.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #