

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90034 050 ****61.25

DOCUMENT # 770023

1. Entity Name

FAIRWAY SIX CLUB, A HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9031 TOWN CENTER PKWY.
BRADENTON FL 34202

9031 TOWN CENTER PKWY.
BRADENTON FL 34202

40010040



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4301 32nd St. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4301 32nd St. W. Suite A-20

City & State

City & State

Bradenton, FL

Bradenton, FL

Zip

Country

Zip

Country

34205 U.S.A.

34205 U.S.A.

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2598907

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WILSON, DOUGLAS E.
C/O ADVANCED MGMT., INC.
9031 TOWN CENTER PKWY
BRADENTON FL 34202~~

Name

CHS Condominium Management

Street Address (P.O. Box Number is Not Acceptable)

4301 32nd St. W. Suite A-20

City

Bradenton

FL

Zip Code

34205

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

Sally Valenti

Signature (Type or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VP
NAME KNOWLES, DAVID ☒ Delete
STREET ADDRESS 5811 MERION WAY
CITY-STATE-ZIP SARASOTA FL 34243

TITLE S ☐ Delete
NAME COLEMAN, REMONA
STREET ADDRESS 5726 DORAL DRIVE
CITY-STATE-ZIP SARASOTA FL 34243

TITLE P ☐ Delete
NAME VALENTI, SALLY
STREET ADDRESS 5710 DORAL DR
CITY-STATE-ZIP SARASOTA FL 34243

TITLE D ☒ Delete
NAME BERMAN, ABE
STREET ADDRESS 5805 MERION WAY
CITY-STATE-ZIP SARASOTA FL 34243

TITLE TD ☒ Delete
NAME MESSIMER, ROBERT
STREET ADDRESS 5722 DONAZ DR
CITY-STATE-ZIP SARASOTA FL 34243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P. Jim Massey ☐ Change ☒ Addition
NAME
STREET ADDRESS 5724 Doral Dr.
CITY-STATE-ZIP Sarasota, FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE Treasurer ☐ Change ☒ Addition
NAME H.C. Milbratz
STREET ADDRESS 5708 Doral Dr.
CITY-STATE-ZIP Sarasota, FL 34243

TITLE D. Frank Scianni ☐ Change ☒ Addition
NAME
STREET ADDRESS 5803 Merion Way
CITY-STATE-ZIP Sarasota, FL 34243

TITLE V.P. ☐ Change ☒ Addition
NAME John Reichl
STREET ADDRESS 5605 Doral Dr.
CITY-STATE-ZIP Sarasota, FL 34243

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sally Valenti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #