

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90039 013 ****61.25

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1. Entity Name

FAIRWAY GREENS AT STONEYBROOK, INC.



Principal Place of Business

4370 S. TAMiami TR.
STE 102
SARASOTA FL 34231

Mailing Address

4370 S. TAMiami TR.
STE 102
SARASOTA FL 34231

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

65-1037590

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

CASEY CONDOMINIUM MGMT
4370 S. TAMiami TR.
SARASOTA FL 34231

Name

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

City

FL

Zip Code

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 and title when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 PD ☐ Delete
NAME LASHLEY, JAMES
STREET ADDRESS 362 FAIRWAY ISLES LN.
CITY- ST- ZIP BRADENTON FL 34212

TITLE TDSD ☐ Delete
NAME PENNELLA, JULIE
STREET ADDRESS 346 FAIRWAY ISLES LN.
CITY- ST- ZIP BRADENTON FL 34212

TITLE VPD ☐ Delete
NAME SMITH, JERRY
STREET ADDRESS 350 FAIRWAY ISLES LN.
CITY- ST- ZIP ROCKVILLE MD 20852

TITLE AS ☒ Delete
NAME WILSON, DOUGLAS E
STREET ADDRESS 9031 TOWN CENTER PKWY
CITY- ST- ZIP BRADENTON FL 34202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

Julie H. Penella April 21/08

941-922-3391