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

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FILED
May 08, 2008 8:00 am
Secretary of State
03-31-2008 90035 007 ****61.25

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1. Entity Name

FAIRWAYS HOMEOWNERS ASSOCIATION AT BAY POINT, INC.

Principal Place of Business	Mailing Address
204 GOLF CIRCLE PANAMA CITY FL 32411	P.O. BOX 27292 PANAMA CITY FL 32411

1st MOORE CR2E037 (10/07)

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 59-3238518 ☐ 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
HESS, BRIAN D 9108 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407	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 _____ DATE

(Signature, typed or printed name, of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating))

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FARRELL, KENNETH G 204 GOLF CIR. PANAMA CITY FL 32411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GADD, ANNE 112 GOLF DR. PANAMA CITY FL 32411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition T FARRELL, MARY C. 204 GOLF CIRCLE PANAMA CITY FL 32411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FARRELL, MARY C 204 GOLF CIRCLE PANAMA CITY FL 32411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SEC. LYNN GORLINSKY 118 GOLF CIRCLE PCBTY FL 32411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Kenneth G. Farrell Pres

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

Kenneth G. Farrell