

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001670

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** FAIRWAY LAKE VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8916 N.W. 40TH STREET  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

8916 N.W. 40TH STREET  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 45-0474383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELOSSANTOS, ANTHONY  
8616 NW 40TH STREET  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DELOSSANTOS, ANTHONY  
Address: 8916 N.W. 40TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: DELOSSANTOS, DAISY  
Address: 8916 N.W. 40TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: ALDUSOUGUI, GLORIA  
Address: 8920 NW 40TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY DELOSSANTOS

D

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date