


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90216 049 ****61.25

DOCUMENT # N02000007013 1. Entity Name FAIRWAY GLEN OF ST. ANDREWS PARK ASSOCIATION, INC.					
Principal Place of Business 722 SHAMROCK BLVD VENICE, FL 34293			Mailing Address 722 SHAMROCK BLVD VENICE, FL 34293		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MELLO, ROBERT FAIRWAY GLEN 16 CHURCH OSPREY, FL 34229			Name Jan Martin Street Address (P.O. Box Number is Not Acceptable) 107 Woodbridge Dr #202 City Venice FL Zip Code 34293		
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 <u><i>Jan W. Martin</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD SUKEL, DANIEL 126 WOODBRIDGE DRIVE VENICE, FL 34293	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard Bobbe 100 Woodbridge Dr. Venice, FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POULS, JAMES 102 WOODBRIDGE DR VENICE, FL 34293	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Palsten Reid 123 Woodbridge Dr. #202 Venice, FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORIS, JERRY 110 WOODBRIDGE DRIVE VENICE, FL 34293	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jan Martin 107 Woodbridge Dr. #202 Venice, FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELLO, BOB 119 WOODBRIDGE DRIVE VENICE, FL 34293	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Jan W. Martin</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					