

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-07-2007 90039 039 ****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

40010301



2. Principal Place of Business - No P.O. Box #
181 Center Rd
Suite, Apt. #, etc.

3. Mailing Address
181 Center Rd
Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State
Venice, FL
Zip 34285 Country USA

City & State
Venice, FL
Zip 34285 Country USA

4. FEI Number
13-4212502
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JAN
107 WOODBRIDGE DR 202
VENICE, FL 34293

7. Name and Address of New Registered Agent

Name Argus Mgmt of Venice, Inc
Street Address P.O. Box Number Not Acceptable
181 Center Rd
City Venice FL Zip Code 34285

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

Jan W Martin
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing 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	PD	<input type="checkbox"/> Delete
NAME	BOBBE, RICHARD	
STREET ADDRESS	100 WOODRIDGE DR	
CITY - ST - ZIP	VENICE, FL 34293	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	REID, RALSTEN	
STREET ADDRESS	123 WOODRIDGE DR 202	
CITY - ST - ZIP	VENICE, FL 34293	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTIN, JAN	
STREET ADDRESS	107 WOODRIDGE DR 202	
CITY - ST - ZIP	VENICE, FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Jan W Martin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #