

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90020 035 ****61.25

DOCUMENT # N02000007013 1. Entity Name FAIRWAY GLEN OF ST. ANDREWS PARK ASSOCIATION, INC.					
Principal Place of Business 181 CENTER RD VENICE, FL 34285			Mailing Address 181 CENTER RD VENICE, FL 34285		
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		Country		4. FEI Number 13-4212502	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGUS MGMT OF VINECE IN C 181 CENTER RD VENICE, FL 34293				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 BOBBE, RICHARD 100 WOODBRIDGE DR VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bobbe Richard 100 Woodbridge Dr Venice FL, 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REID, RALSTEN 123 WOODBRIDGE DR 202 VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Reid Ralsten 123 Woodbridge Dr #202 Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, JAN 107 WOODBRIDGE DR 202 VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lee Williams 119 Woodbridge Dr #104 Venice FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTIN, JAN 107 WOODBRIDGE DR 202 VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mary Ann Westlund 111 Woodbridge Dr #103 Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTIN, JAN 107 WOODBRIDGE DR 202 VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTIN, JAN 107 WOODBRIDGE DR 202 VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTIN, JAN 107 WOODBRIDGE DR 202 VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTIN, JAN 107 WOODBRIDGE DR 202 VENICE, FL 34293
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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					