

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000005463	
1. Entity Name FAIRWAY GREENS IV AT STONEYBROOK, INC.	



FILED

06 JUN 19 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business ADVANCED MANAGEMENT 9081 TOWN CENTER PKWY SARASOTA, FL 34202	Mailing Address ADVANCED MANAGEMENT 9081 TOWN CENTER PKWY SARASOTA, FL 34202
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06092006 Chg-NP CR2E037 (4/06)

4. FEI Number 54-2136470	Applied For <input type="checkbox"/> Not Applicable
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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	
ADVANCED MANAGEMENT, INC. 9031 TOWN CENTER PKWY BRADENTON, FL 34202		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANNA, CHARLES 325 INTERSTATE BOULEVARD SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete	TITLE PRES NAME STREET ADDRESS CITY-ST-ZIP	MA. Tad PARKER 227 Fairway Isles Lane Bradenton, FL 34212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEGRA, ROBERT T 325 INTERSTATE BOULEVARD SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete	TITLE Sec NAME STREET ADDRESS CITY-ST-ZIP	Peggy Wingard 8205 Quail Greens Service Bradenton, FL 34212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SQUITIERI, ANTHONY J 325 INTERSTATE BOULEVARD SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete	TITLE TRES NAME STREET ADDRESS CITY-ST-ZIP	Cheryl Richert 208 Fairway Isles Ln. Bradenton, FL 34212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILSON, DOUGLAS E 9031 TOWN CTR. PKWY. BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800076718138 06/29/06--01047--007 *\$61.25
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	JC 6/20 <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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **6-12-06 (941) 359-1134** Date Daytime Phone #