

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008240

FILED  
Jan 16, 2006  
Secretary of State

**Entity Name:** FAIRWAY OAKS II, HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

203 GOLFPOINT DRIVE  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

203 GOLFPOINT DRIVE  
LAKE PLACID, FL 33852

**New Mailing Address:**

**FEI Number:** 56-2534287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOLE, LUCILLE  
203 GOLFPOINT DRIVE  
LAKE PLACID, FL 33852 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: PD ( ) Delete  
Name: THOLE, LUCILLE  
Address: 203 GOLFPOINT DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: VD ( ) Delete  
Name: MARSH, DAVID  
Address: 160 FAIRWAY DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: STD ( ) Delete  
Name: REISS, DIANE  
Address: 158 FAIRWAY DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

**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 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: LUCILLE THOLE

PD

01/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date