


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90029 029 ****61.25

DOCUMENT # N05000008240	
1. Entity Name FAIRWAY OAKS II, HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 203 GOLFPPOINT DRIVE LAKE PLACID, FL 33852	Mailing Address 203 GOLFPPOINT DRIVE LAKE PLACID, FL 33852
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50001944



03182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # 158 FAIRWAY DR Suite, Apt. #, etc.	3. Mailing Address 158 FAIRWAY DR Suite, Apt. #, etc.
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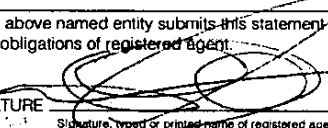
City & State LAKE PLACID FL	City & State LAKE PLACID FL
Zip 33852	Country USA
Zip 33852	Country USA

4. FEI Number 56-2534287	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
THOLE, LUCILLE 203 GOLFPPOINT DRIVE LAKE PLACID, FL 33852	

7. Name and Address of New Registered Agent	
Name: ANTHONY PAPPALARDO	
Street Address (P.O. Box Number is Not Acceptable): 158 FAIRWAY DR	
City: LAKE PLACID FL	Zip Code: 33852

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: 	Anthony Pappalardo 3/18/08
(NOTE: Registered Agent Signature required when registering)	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME THOLE, LUCILLE STREET ADDRESS 203 GOLFPPOINT DRIVE CITY-ST-ZIP LAKE PLACID, FL 33852	TITLE PRESIDENT	NAME ANTHONY PAPPALARDO STREET ADDRESS 158 FAIRWAY DR CITY-ST-ZIP LAKE PLACID FL 33852
TITLE VD	NAME MARSH, DAVID STREET ADDRESS 160 FAIRWAY DRIVE CITY-ST-ZIP LAKE PLACID, FL 33852	TITLE	NAME
TITLE STD	NAME PAPPALARDO, CAROLYN STREET ADDRESS 158 FAIRWAY DR CITY-ST-ZIP LAKE PLACID, FL 33852	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME

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: Carolyn Pappalardo	Sig/Treasurer 3/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

863-465-7040