2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N05000008984

Entity Name: FAIRWAY VIEW OF THE PALM BEACHES HOMEOWNER ASSOCIATION, INC.

Current Principal Place of Business:

4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SIDES, MICHELLE L ESQ
4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410 US

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: MICHELLE L SIDES 04/25/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DOHERTY, DANIEL E
Address: 4227 NORTHLAKE BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DV ( ) Delete
Name: YOUNG, ZACHARY
Address: 4227 NORTHLAKE BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DST ( ) Delete
Name: ABBOTT, MATTHEW
Address: 4227 NORTHLAKE BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: TODD, STEPHENS
Address: 4227 NORTHLAKE BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: TODD STEPHENS DP 04/25/2006
Electronic Signature of Signing Officer or Director Date