2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008984

FILED Apr 25, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4227 NORTHLAKE BLVD

PALM BEACH GARDENS, FL 33410

Current Mailing Address: New Mailing Address:

4227 NORTHLAKE BLVD

PALM BEACH GARDENS, FL 33410

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

Name: DOHERTY, DANIEL E Name: TODD, STEPHENS
Address: 4227 NORTHLAKE BLVD Address: 4227 NORTHLAKE BLVD

City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DV () Delete Title: () Change () Addition

 Name:
 YOUNG, ZACHARY
 Name:

 Address:
 4227 NORTHLAKE BLVD
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410
 City-St-Zip:

Title: DST () Delete Title: () Change () Addition

 Name:
 ABBOTT, MATTHEW
 Name:

 Address:
 4227 NORTHLAKE BLVD
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410
 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