

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012462

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: FAIRWAY VIEWS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8740 NW 40TH STREET SUITE 506  
CORAL SPRINGS, FL 330652967

**New Principal Place of Business:**

8740 NW 40TH STREET  
#502  
CORAL SPRINGS, FL 330652967

**Current Mailing Address:**

6604 SW 95TH COURT  
MIAMI, FL 331732224

**New Mailing Address:**

FEI Number: 74-3245222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MILLER, ALFRED L  
6604 SW 95TH COURT  
MIAMI, FL 331732224 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: DP ( ) Delete  
Name: MILLER, ALFRED L  
Address: 8740 NW 40TH STREET SUITE 506  
City-St-Zip: CORAL SPRINGS, FL 330652967

Title: DV ( ) Delete  
Name: MILLER, JASON L  
Address: 8740 NW 40TH STREET SUITE 506  
City-St-Zip: CORAL SPRINGS, FL 330652967

Title: DST ( ) Delete  
Name: BAZURTO, LAURA  
Address: 8740 NW 40TH STREET SUITE 506  
City-St-Zip: CORAL SPRINGS, FL 330652967

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MILLER, ALFRED L  
Address: 8740 NW 40TH STREET SUITE 502  
City-St-Zip: CORAL SPRINGS, FL 330652967

Title: DV (X) Change ( ) Addition  
Name: MILLER, JASON L  
Address: 8740 NW 40TH STREET SUITE 502  
City-St-Zip: CORAL SPRINGS, FL 330652967

Title: DST (X) Change ( ) Addition  
Name: BAZURTO, LAURA  
Address: 8740 NW 40TH STREET SUITE 502  
City-St-Zip: CORAL SPRINGS, FL 330652967

I hereby certify that the information supplied with this filing does not qualify 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: ALFRED L. MILLER

DP

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date