


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90376 023 \*\*\*\*61.25

<b>DOCUMENT # N07482</b>	
1. Entity Name <b>FIRST FAIRWAY CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414 US</b>	Mailing Address <b>3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04222008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-2559541</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent	
<b>NEWSOME, JOHN 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P STURGES, BETTY 11885 PEBBLEWOOD DR WELLINGTON, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>V CAHNERS, WALTER 11877 PEBBLEWOOD DR WELLINGTON, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D CALEB, MYRNA 11877 PEBBLEWOOD DR WELLINGTON, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D TOWER, WHITNEY JR 11877 PEBBLEWOOD DR WELLINGTON, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D URSPRING, DONNA 11877 PEBBLEWOOD DR WELLINGTON, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D Myrna Golub 11885 Pebblewood Drive Wellington, FL 33414</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D Whitney Tower Jr. 11867 Pebblewood Drive Wellington, FL 33414</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D Donna Ursprung 11859 Pebblewood Dr Wellington, FL 33414</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
	<b>Whitney Tower Jr</b>	<b>7/27/2008</b>	