2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N07482

Entity Name: FIRST FAIRWAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 59-2559541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWSOME, JOHN
3461-B FAIRLANE FARMS ROAD
WELLINGTON, FL 33414 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: P ( ) Delete
Name: STURGES,BETTY,
Address: 11885 PEBBLEWOOD DR
City-St-Zip: WELLINGTON, FL 33414

Title: V ( ) Delete
Name: CAHNERS, WALTER,
Address: 11877 PEBBLEWOOD DR
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: CALEB, MYRNA
Address: 11877 PEBBLEWOOD DR
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: TOWER, WHITNEY JR
Address: 11877 PEBBLEWOOD DR
City-St-Zip: WELLINGTON, FL 33414

Title: D` ( ) Delete
Name: URSPRING, DONNA
Address: 11877 PEBBLEWOOD DR
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STURGES, BETTE
Address: 11885 PEBBLEWOOD DR
City-St-Zip: WELLINGTON, FL 33414

Title: V (X) Change ( ) Addition
Name: CAHNERS, WALTER
Address: 11877 PEBBLEWOOD DR
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change ( ) Addition
Name: USPRUNG, DONNA
Address: 11877 PEBBLEWOOD DR
City-St-Zip: WELLINGTON, FL 33414

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 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: BETTE STURGES P 03/06/2009

Electronic Signature of Signing Officer or Director Date