2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N11359

Entity Name: FAIRWAY TERRACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

17321 LOCH LOMOND WAY
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

17321 LOCH LOMOND WAY
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 59-2697122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAW, CHARLES
17441 LOCH LOMOND WAY
BOCA RATON, FL 33496 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:	T	( ) Delete
Name:	BRAUNSTEIN, MURRAY	
Address:	7260 GATESIDE DRIVE	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	P	( ) Delete
Name:	SHAW, CHARLES	
Address:	17441 LOCH LOMOND WAY	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	S	( ) Delete
Name:	FRIEDMAN, STANLEE	
Address:	17428 LOCH LOMOND WAY	
City-St-Zip:	BOCA RATON, FL	
Title:	VP	( ) Delete
Name:	SAUL, LINDA	
Address:	17332 LOCH LOMOND WAY	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	D	( ) Delete
Name:	BLOOM, MICHAEL	
Address:	7303 GATESIDE DR	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	D	( ) Delete
Name:	SKLAR, LEO	
Address:	7289 GATESIDE DRIVE	
City-St-Zip:	BOCA RATON, FL 33496	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CHARLES SHAW P 03/24/2009

Electronic Signature of Signing Officer or Director — Date