


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90033 042 ****61.25

DOCUMENT # N13111 1. Entity Name FAIRWAY VILLAS AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1555 FAIRWAY TERR WEST PALM BEACH, FL 33411 US		Mailing Address 169 RIVERA CT WEST PALM BEACH, FL 33411 US	
2. Principal Place of Business - No P.O. Box # C/O GRS Management Assoc Inc Suite, Apt. #, etc. 3900 W. Lake Worth Blvd #309 City & State Lake Worth FL Zip 33463		3. Mailing Address Suite, Apt. #, etc. same City & State Zip Country US	
4. FEI Number 59-2659696		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SELLERS, SUSAN 1555 FAIRWAY TERR WEST PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLETTI, JERRY 1525 FAIRWAY TERR WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEVALLE, ROBERT 1565 FAIRWAY TER WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SELLER, SUSAN 1555 FAIRWAY TERR WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCIPIO, STEPHEN 9485 E FAIRWAY TER WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODELL, GILBERT 1585 FAIRWAY TERR WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<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.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/15/08 <small>Daytime Phone #</small>	

40071733



04142008 Chg-NP CR2E037 (12/06)