

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90100 041 \*\*\*\*61.25

**DOCUMENT # N13377**

1. Entity Name

FAIRWAY PINES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1340 SAN CRISTOBAL AVENUE  
PUNTA GORDA FL 33983

Mailing Address

1340 SAN CRISTOBAL AVENUE  
PUNTA GORDA FL 33983



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2783887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, FRANK R  
1340 SAN CRISTOBAL AVE  
APT 305  
PUNTA GORDA FL 33983

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MENNELLA, ELLIE	
STREET ADDRESS	1340 SAN CRISTOBAL AVE #105	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	D	<input type="checkbox"/> Delete
NAME	IRVIN, TERRY	
STREET ADDRESS	1340 SAN CRISTOBAL AVE #202	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FRANK, JONES	
STREET ADDRESS	1340 SAN CRISTOBAL AVE, #305	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MCCARTY, WILLIAM D	
STREET ADDRESS	1340 SAN CRISTOBAL AVE, #304	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGH, RODNEY	
STREET ADDRESS	1340 SAN CRISTOBAL #106	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELAIR, JUDITH	
STREET ADDRESS	1340 SAN CRISTOBAL AVE #102	
CITY-ST-ZIP	PUNTA GORDA FL 33983	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL THEAKSTON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM TERRY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL COWELL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*W. Theakston* William THEAKSTON