

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90072 031 ****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**

50001294



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2783887

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME THEAKSTON, BILL
STREET ADDRESS 1340 SAN CRISTOBAL AVE #105
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TERRY, JIM
STREET ADDRESS 1340 SAN CRISTOBAL AVE #202
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME CONWELL, BILL
STREET ADDRESS 1340 SAN CRISTOBAL AVE, #304
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HIGH, RODNEY
STREET ADDRESS 1340 SAN CRISTOBAL #106
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME TESTANI, JUNE
STREET ADDRESS 1557 WAMPLERS LAKE RD
CITY-ST-ZIP BROOKLYN, MI 49236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Theakston
3/12/2008