
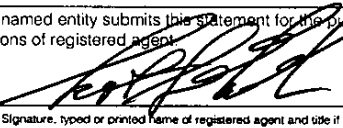
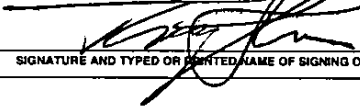


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90235 032 \*\*\*\*61.25

<b>DOCUMENT # N13829</b> 1. Entity Name <b>FIRST FAIRWAY CONDOMINIUM II ASSOCIATION, INC.</b>			
Principal Place of Business <b>A &amp; G MANAGEMENT</b> <b>11360 FORTUNE WAY, SUITE E-6A</b> <b>WELLINGTON, FL 33414 US</b>		Mailing Address <b>A &amp; G MANAGEMENT</b> <b>11924 FOREST HILL BLVD., SUITE 22-221</b> <b>WELLINGTON, FL 33414 US</b>	
2. Principal Place of Business <b>dp cnc Management, Inc</b> Suite, Apt. #, etc. <b>2994 JOE ROAD, Suite B</b> City & State <b>GREENACRES, FL</b> Zip <b>33467</b> Country <b>USA</b>		3. Mailing Address <b>dp cnc Management, Inc</b> Suite, Apt. #, etc. <b>2994 JOE ROAD, Suite B</b> City & State <b>GREENACRES, FL</b> Zip <b>33467</b> Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>A &amp; G MANAGEMENT</b> <b>PMB 221</b> <b>11924 FOREST HILL BLVD., SUITE 22</b> <b>WELLINGTON, FL 33414</b>		7. Name and Address of New Registered Agent Name <b>SCOT A. GERRISH</b> Street Address (P.O. Box Number is Not Acceptable) <b>dp cnc Management, Inc</b> <b>2994 JOE ROAD, Suite B</b> City <b>GREENACRES</b> <b>FL</b> Zip Code <b>33467</b>	
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  <b>Scot A. Gerrish</b> DATE <b>Apr. 1 20, 2005</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WELTNER, BARBARA 11845 PEBBLEWOOD DRIVE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELTNER, BARBARA 11845 PEBBLEWOOD DRIVE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHEA, THOMAS 11837 PEBBLEWOOD DRIVE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEA, THOMAS 11837 PEBBLEWOOD DRIVE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PELLEGRINO, CHERYL 11821 PEBBLEWOOD DRIVE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PELLEGRINO, CHERYL 11821 PEBBLEWOOD DRIVE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FLAIM, TERI 11813 PEBBLEWOOD DRIVE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLAIM, TERI 11813 PEBBLEWOOD DRIVE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOCK, JACK 11839 PEBBLEWOOD DRIVE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 names empowered.			
SIGNATURE: 		4-22-05 561-641-1016 <small>Date Daytime Phone #</small>	