

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90221 016 \*\*\*\*61.25

**20037685**



|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # N13829</b><br>1. Entity Name<br><b>FIRST FAIRWAY CONDOMINIUM II ASSOCIATION, INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>C/O CMC MANAGEMENT, INC.<br/>         2994 JOG ROAD STE B<br/>         GREENACRES, FL 33467 US</b>   |  |   |   | Mailing Address<br><b>C/O CMC MANAGEMENT, INC.<br/>         2994 JOG ROAD STE B<br/>         GREENACRES, FL 33467 US</b> |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  |  |
| City & State   |  | City & State  |   |  |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br><b>59-2731060</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GERRISH, SCOT A<br/>         C/O CMC MANAGEMENT, INC.<br/>         2994 JOG ROAD STE B<br/>         GREENACRES, FL 33467</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> <b>WELTNER, BARBARA</b><br><b>11845 PEBBLEWOOD DR</b><br><b>WELLINGTON, FL 33414</b> | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> <b>PD</b><br><b>SHEA, THOMAS</b><br><b>11837 PEBBLEWOOD DR</b><br><b>WELLINGTON, FL 33414</b>   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> <b>PELLEGRINO, CHERYL</b><br><b>11821 PEBBLEWOOD DRIVE</b><br><b>WELLINGTON, FL 33414</b>       | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> <b>SD</b><br><b>FLAIM, TERI</b><br><b>11813 PEBBLEWOOD DRIVE</b><br><b>WELLINGTON, FL 33414</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> <b>Wendy Gifford</b><br><b>11831 Pebblewood Dr.</b><br><b>Wellington, FL 33414</b>              | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> <b>Peter Thompson</b><br><b>11815 Pebblewood Dr</b><br><b>Wellington, FL 33414</b>              | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" 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. |  |   |   |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   |  |  |
| Date   |  |   |   | Daytime Phone #  |  |