


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90089 015 ****61.25

DOCUMENT # N13829 1. Entity Name FIRST FAIRWAY CONDOMINIUM II ASSOCIATION, INC.			
Principal Place of Business C/O CMC MANAGEMENT, INC. 2994 JOG ROAD STE B GREENACRES, FL 33467 US		Mailing Address C/O CMC MANAGEMENT, INC. 2994 JOG ROAD STE B GREENACRES, FL 33467 US	
2. Principal Place of Business - No P.O. Box # 2950 JOG RD Suite, Apt. #, etc.		3. Mailing Address 2950 JOG RD Suite, Apt. #, etc.	
City & State Greenacres, FL Zip Country 33467		City & State Greenacres, FL Zip Country 33467	
4. FEI Number 59-2731060		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 GERRISH, SCOT A C/O CMC MANAGEMENT, INC. 2994 JOG ROAD STE B GREENACRES, FL 33467		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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	V GIFFORD, WENDY 11831 PEBBLEWOOD DRIVE WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DIANA CAPOLUONGO 11845 PEBBLEWOOD WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEA, THOMAS 11837 PEBBLEWOOD DR WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PELLEGRINO, CHERYL 11821 PEBBLEWOOD DRIVE WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLAIM, TERI 11813 PEBBLEWOOD DRIVE WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMPSON, PETER 11815 PEBBLEWOOD DRIVE WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Peter Thompson Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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: _____ Date _____ Daytime Phone # _____			