

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14211

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** FAIRWAY WOODS AT THE FOREST I CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 59-2778369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC.  
2180 W SR 434 STE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COHEN, SANFORD  
Address: 16410 FAIRWAY WOODS DR #402  
City-St-Zip: FORT MYERS, FL 33908

Title: VPD ( ) Delete  
Name: GRAINGER, WAYNE  
Address: 16341 FAIRWAY WOODS DR #301  
City-St-Zip: FORT MYERS, FL 33908

Title: SD ( ) Delete  
Name: COHEN, SANDY  
Address: 16410 FAIRWAY WOODS DR #402  
City-St-Zip: FORT MYERS, FL 33908

Title: TD ( ) Delete  
Name: DUFFIN, MARTI  
Address: 16450 FAIRWAY WOODS DR #603  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: SANTANGELO, MICHAEL  
Address: 4 N 287 DORAL DR  
City-St-Zip: WEST CHICAGO, IL 60185

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: LLOYD, JANE  
Address: 16430 FAIRWAY WOODS DR #502  
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change ( ) Addition  
Name: MATZ, WILLIAM  
Address: 16391 FAIRWAY WOODS DR #207  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANFORD COHEN

PD

03/03/2009

Electronic Signature of Signing Officer or Director

Date