

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21406

FILED
Mar 28, 2007
Secretary of State

Entity Name: FAIRWAY WOODS OF CROSS CREEK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2874696

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 WSEST SR 434 - STE 500
LONGWOOD, FL 32779 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: VPD () Delete
Name: GIBBONS, DAVID
Address: 12540 COLD STREAM DR #112
City-St-Zip: FT MYERS, FL 33912

Title: PD () Delete
Name: RYAN, IRENE
Address: 12500 COLD STREAM DR #307
City-St-Zip: FORT MYERS, FL 33912

Title: STD () Delete
Name: PECK, MARY
Address: 2875 TAHOE
City-St-Zip: KALAMAZOO, MI 49004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: HOSA, CAREL
Address: 12520 COLD STREAM DR #208
City-St-Zip: FT MYERS, FL 33912

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

Title: STD (X) Change () Addition
Name: PECK, MARY
Address: 12500 COLD STREAM DR #305
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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: IRENE RYAN

PD

03/28/2007

Electronic Signature of Signing Officer or Director

Date