

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21407

FILED
Jan 14, 2011
Secretary of State

Entity Name: FAIRWAY WOODS AT THE FOREST II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16201 FAIRWAY WOODS DR.
#1301
FORT MYERS, FL 33908

New Principal Place of Business:

16321 FAIRWAY WOODS DR.
#703
FORT MYERS, FL 33908

Current Mailing Address:

16201 FAIRWAY WOODS
#1301
FORT MYERS, FL 33908

New Mailing Address:

16321 FAIRWAY WOODS DR.
#703
FORT MYERS, FL 33908

FEI Number: 65-0059004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
12140 CARISSA COMMERCE COURT, #200
FORT MYERS, FL 33966 US

Name and Address of New Registered Agent:

BECKER & POLIAKOFF, P.A.
12140 CARISSA COMMERCE COURT,
SUJITE 200
FORT MYERS, FL 33966 US

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:

01/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HORNELL, CHARLES
Address: 16321 FAIRWAY WOODS DR #703
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: MCLAUGHLIN, ROGER
Address: 16350 FAIRWAY WOODS DR #1807
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: GUNTER, DONALD
Address: 16310 FAIRWAY WOODS DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: SD
Name: STEVLINGSON, JERRY
Address: 16261 FAIRWAY WOODS DR #1001
City-St-Zip: FORT MYERS, FL 33908

Title: TD
Name: SCHMID, ALLYN G
Address: 16630 FAIRWAY WOODS DR #1703
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: HAINES, DAVID
Address: 16261 FAIRWAY WOODS DR #1005
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: CHARLES HORNELL

P

01/14/2011

Electronic Signature of Signing Officer or Director

Date