

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90113 017 ****61.25

DOCUMENT # N22034

1. Entity Name
FAIRWAY ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**6287 SILVER MOON LN
LAKE WORTH, FL 33463**

Mailing Address
**6287 SILVER MOON LN
LAKE WORTH, FL 33463**



04112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0008483

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KINGSLEY, MARY
6287 SILVER MOON LN
LAKE WORTH, FL 33463**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOPER, WILLARD
STREET ADDRESS	2539 FAIRWAY ISLAND DR.
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VPD
NAME	STRAUSS, ANDREA
STREET ADDRESS	2519 FAIRWAY ISLAND DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	STD
NAME	SOPER, KAREN
STREET ADDRESS	2539 FAIRWAY ISLAND DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	STD
NAME	BROWN, MARIA T.
STREET ADDRESS	2539 FAIRWAY ISLAND DR.
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Willard T. Soper President MK

04/09/08 - 561-876-5798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #