


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -1 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT-06

DOCUMENT # N22257		
1. Entity Name FAIRWAY VILLAGE COMMUNITY ASSOCIATION, INC.		

Principal Place of Business 13135 GREENVIEW COURT HUDSON, FL 34669 US	Mailing Address 13135 GREENVIEW COURT HUDSON, FL 34669 US
---	---

2. Principal Place of Business 13208 GREENVIEW CT Suite, Apt. #, etc.	3. Mailing Address 13208 GREENVIEW COURT Suite, Apt. #, etc.
---	--

City & State HUDSON, FL	City & State HUDSON, FL
Zip 34669	Zip 34669



1142006 REIN-NP CR2E099 (11/05)

4. FEI Number 59-2891653	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent FLINT, JACQUELINE A 13201 GREENVIEW CT. HUDSON, FL 34669	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 J. A. FLINT DATE 11-22-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50	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	PD WHILLHITE, DARLA 13208 GREENVIEW CT HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200082214322 12/01/06--01056--008 **245.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUSTER, GINA 13136 GREENVIEW CT HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLINT, JACQUELINE 13201 GREENVIEW CT. HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: J. A. FLINT DATE 11/22/06 DAYTIME PHONE # 727 379-0424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR