

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90057 020 ****61.25

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02042005 Chg-NP CR2E037 (10/03)

DOCUMENT # N22427					
1. Entity Name FAIRWAY VILLAS ASSOCIATION, INC.					
Principal Place of Business 26440 RAMPART BLVD. PORT CHARLOTTE, FL 33983			Mailing Address 26440 RAMPART BLVD. PORT CHARLOTTE, FL 33983		
2. Principal Place of Business 26410 Rampart Blvd Suite, Apt. #, etc. Suite 999 City & State Punta Gorda, FL Zip 33983 Country USA		3. Mailing Address 26410 Rampart Blvd. Suite, Apt. #, etc. Suite 999 City & State Punta Gorda, FL Zip 33983 Country USA		4. FEI Number 65-0041926 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent POSSEL, JOHN W 27346 TIERRA DEL FUEGO CIR PORT CHARLOTTE, FL 33983			7. Name and Address of New Registered Agent Name Costa, Ron Street Address (P.O. Box Number is Not Acceptable) 26410 Rampart Blvd., Suite 712 City Punta Gorda FL Zip Code 33983		
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: DATE: _____ <small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		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	TD POSSEL, JOHN 27346 TERRA DEL FUEGO PORT CHARLOTTE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Costa, Ron 26410 Rampart Blvd., Suite 712 Punta Gorda, FL 33983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD McPherson, John 26410 Rampart Blvd., Suite 724 Port Charlotte, FL 33983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, JAMES 26420 RAMPART BLVD, #624 PORT CHARLOTTE, FL 33983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gorgas, Eileen 26410 Rampart Blvd., Suite 711 Port Charlotte, FL 33983 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Milner, Len 26410 Rampart Blvd., Suite 714 Port Charlotte, FL 33983 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, JOHN 26430 RAMPART 521 PORT CHARLOTTE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Purcell, George 26470 Rampart Blvd., Suite 112 Port Charlotte, FL 33983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Foster, Harry 26470 Rampart Blvd., Suite 121 Port Charlotte, FL 33983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POSSEL, JACKIE 27346 TIERRA DEL FUEGO PORT CHARLOTTE, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any other like empowered.					
SIGNATURE:			Date: 2/13/05 941 875 1757 Daytime Phone #		