


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90001 043 ****61.25

DOCUMENT # N22427					
1. Entity Name FAIRWAY VILLAS ASSOCIATION, INC.					
Principal Place of Business 26410 RAMPART BLVD SUITE 999 PUNTE GORDA, FL 33983 26440		Mailing Address 26440 RAMPART BLVD SUITE 999 PUNTE GORDA, FL 33983 26440			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122006 Chg-NP CR2E037 (11/05) 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			7. Name and Address of New Registered Agent		
COSTA, RON 26410 RAMPART BLVD STE 712 PUNTA GORDA, FL 33983			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSTA, RON		NAME		
STREET ADDRESS	26410 RAMPART BLVD STE 712		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33983		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCPHERSON, JOHN		NAME		
STREET ADDRESS	26410 RAMPART BLVD STE 724		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33983		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORGAS, EILEEN		NAME		
STREET ADDRESS	26410 RAMPART BLVD STE 711		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33983		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILNER, LEN		NAME		
STREET ADDRESS	26410 RAMPART BLVD STE 714		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33983		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PURCELL, GEORGE		NAME	PAM AGUILAR	
STREET ADDRESS	26470 RAMPART BLVD STE 112		STREET ADDRESS	26410 RAMPART BLVD # 722	
CITY-ST-ZIP	PUNTA GORDA, FL 33983		CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTER, HARRY		NAME		
STREET ADDRESS	26470 RAMPART BLVD STE 121		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33983		CITY-ST-ZIP		
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 other like empowered.					
SIGNATURE: _____			2/21/06 941-875-1757		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		