

ANNUAL REPORT

DOCUMENT # N22576

1. Entity Name
THE FAIRWAYS AT PINEBROOK OWNER'S ASSOCIATION, INC.



FILED
Jan 09, 2006 08:00 AM
Secretary of State

Principal Place of Business
4480 FAIRWAYS BLVD.
BRADENTON, FL 34209

Mailing Address
4480 FAIRWAYS BLVD.
BRADENTON, FL 34209



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0123143

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HYMES, LUCILLE
4460 FAIRWAYS BLVD
507
BRADENTON, FL 34209

**DO NOT WRITE
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 Lucille O. Hymes Lucille Hymes

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HYMES, LUCILLE
STREET ADDRESS 4460 FAIRWAYS BLVD., 507
CITY-ST-ZIP BRADENTON, FL 34209

TITLE VPD
NAME WOODS, DAVID
STREET ADDRESS 4460 FAIRWAYS BLVD., 401
CITY-ST-ZIP BRADENTON, FL 34209

TITLE SD
NAME PAPPAS, GEORGE
STREET ADDRESS 4460 FAIRWAYS BLVD. #202
CITY-ST-ZIP BRADENTON, FL

TITLE TD
NAME MAVELLE, ROBERT H
STREET ADDRESS 4480 FAIRWAYS BLVD 101
CITY-ST-ZIP BRADENTON, FL

TITLE VPD
NAME O'DRISCALL, MICHAEL
STREET ADDRESS 4480 FAIRWAYS BLVD 201
CITY-ST-ZIP BRADENTON, FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000380387
01/11/06-80012-001 61.25

**DO NOT WRITE
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert H. Mavell Robert H. Mavell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-06

Date

941-792/239

Daytime Phone #