

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N22576

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



FILED
Jan 08, 2008 08:00 AM
Secretary of State

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

Mailing Address
**4480 FAIRWAYS BLVD.
BRADENTON, FL 34209**



01042008 No Chg-NP

CR2E037 (4/06)

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 O. Hymes

1/5/08

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HYMES, LUCILLE 4460 FAIRWAYS BLVD., 507 BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOODS, DAVID 4460 FAIRWAYS BLVD., 401 BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAPPAS, GEORGE 4460 FAIRWAYS BLVD. #202 BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAVELLE, ROBERT H 4480 FAIRWAYS BLVD 101 BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'DRISCALL, MICHAEL 4480 FAIRWAYS BLVD 201 BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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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:

Robert H. Maville

Robert H. Maville

1-5-08

941-7921229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #