

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22576

FILED
Feb 02, 2009
Secretary of State

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

Current Principal Place of Business:

4480 FAIRWAYS BLVD.
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

4480 FAIRWAYS BLVD.
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 65-0123143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYMES, LUCILLE
4460 FAIRWAYS BLVD
507
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HYMES, LUCILLE
Address: 4460 FAIRWAYS BLVD., 507
City-St-Zip: BRADENTON, FL 34209

Title: VPD () Delete
Name: WOODS, DAVID
Address: 4460 FAIRWAYS BLVD., 401
City-St-Zip: BRADENTON, FL 34209

Title: SD () Delete
Name: PAPPAS, GEORGE,
Address: 4460 FAIRWAYS BLVD. #202
City-St-Zip: BRADENTON, FL

Title: TD () Delete
Name: MAVELLE, ROBERT H
Address: 4480 FAIRWAYS BLVD 101
City-St-Zip: BRADENTON, FL

Title: VPD () Delete
Name: O'DRISCALL, MICHAEL
Address: 4480 FAIRWAYS BLVD 201
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: DESALVO ANNA S.,
Address: 4460 FAIRWAYS BLVD. #202
City-St-Zip: BRADENTON, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCILLE HYMES

PD

02/02/2009

Electronic Signature of Signing Officer or Director

Date