2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24721

FILED Apr 10, 2005 Secretary of State

Entity Name: 6 FAIRWAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal F	New Principal Place of Business:	
	CRISTOBAL ARLOTTE, FL	33983			
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
PO BOX 5 PUNTA GO	11232 ORDA, FL 339	951 US			
FEI Number:	: 65-0029230	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Addr	ess of New Registered Agent:	
CARLSON, JAY 1601 W MARION AVE #203 PUNTA GORDA, FL 33950 US			CARLSON, JAY PO BOX 511232 PUNTA GORDA		
	named entity e of Florida.	submits this statement for th	ne purpose of changing its regi	istered office or registered agent, or both,	
SIGNATURE:				04/10/2005	
	Electron	nic Signature of Registered	Agent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (YURCHIS, JOH 1452 SAN CRIS PUNTA GORDA	STOBAL B-201	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (O'LEARY, GRE 1470 SAN CRI PUNTA GORDA	STOBAL C201	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP (O'LEARY, JOH 1470 SAN CRI: PUNTA GORDA	STOBAL C201	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BROUGH, MAF 1470 SAN CRIS PUNTA GORDA	STOBAL, C102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT (ENGSTROM, F 1460 SAN CRI PUNTA GORDA	STOBAL A101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS (CARLSON, JA` 1601 W MARIC PUNTA GORDA	ON AVE #203	Address: PO B	(X) Change () Addition .SON, JAY OX 511232 'A GORDA, FL 33951	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAY CARLSON AS 04/10/2005