

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24721

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: 6 FAIRWAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1460 SAN CRISTOBAL  
PORT CHARLOTTE, FL 33983

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 511232  
PUNTA GORDA, FL 33951 US

**New Mailing Address:**

PO BOX 7555  
NORTH PORT, FL 34287 US

FEI Number: 65-0029230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARLSON, JAY  
PO BOX 511232  
PUNTA GORDA, FL 33951 US

**Name and Address of New Registered Agent:**

BINDER, BRENDA S  
1485 FITZGERALD ROAD  
NORTH PORT, FL 34288 US

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: BRENDA S. BINDER

04/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: YURCHIS, JOHN  
Address: 1452 SAN CRISTOBAL B-201  
City-St-Zip: PUNTA GORDA, FL 33983

Title: DT ( ) Delete  
Name: WILLIAMS, JEANNE  
Address: 1452 SAN CRISTOBAL B-103  
City-St-Zip: PUNTA GORDA, FL 33983

Title: DP ( ) Delete  
Name: O'LEARY, JOHN  
Address: 1470 SAN CRISTOBAL C201  
City-St-Zip: PUNTA GORDA, FL 33983

Title: DVP ( ) Delete  
Name: BROUGH, MARGARET  
Address: 1470 SAN CRISTOBAL, C102  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D ( ) Delete  
Name: COUGHLIN, DAVE  
Address: 1460 SAN CRISTOBAL A103  
City-St-Zip: PUNTA GORDA, FL 33983

Title: AS (X) Delete  
Name: CARLSON, JAY  
Address: PO BOX 511232  
City-St-Zip: PUNTA GORDA, FL 33951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 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: JOHN O'LEARY

PD

04/05/2007

Electronic Signature of Signing Officer or Director

Date