

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24987

FILED
Apr 25, 2006
Secretary of State

Entity Name: THE FAIRWAY LAKES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1950 BLUEWATER BLVD. #200
NICEVILLE, FL 32578 US

New Principal Place of Business:

1950 BLUEWATER BLVD.
SUITE 200
NICEVILLE, FL 32578 US

Current Mailing Address:

1950 BLUEWATER BLVD. #200
NICEVILLE, FL 32578 US

New Mailing Address:

1950 BLUEWATER BLVD.
SUITE 200
NICEVILLE, FL 32578 US

FEI Number: 59-2883265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, JOHN
823 FAIRWAY LAKES DR
NICEVILLE, FL 32578 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: D () Delete
Name: GROOS, BJ
Address: 817 FAIRWAY LAKE DR.
City-St-Zip: NICEVILLE, FL 32578

Title: VP () Delete
Name: NELSON, JOHN
Address: 823 FAIRWAY DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: T () Delete
Name: MICHALKE, WALTER
Address: 844 FAIRWAY LAKES DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: P () Delete
Name: CRAFT, AL
Address: 747 PUTLER DR.
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: STEPHENSON, DIANE
Address: 837 FAIRWAY LAKES DR
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: WEEKS, WILLIAM
Address: 735 PUTTER DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: T (X) Change () Addition
Name: CRUSEBURG, WALTER
Address: 833 FAIRWAY LAKES DRIVE
City-St-Zip: NICEVILLE, FL 32578

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: ALTON CRAFT

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date