


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90097 025 \*\*\*\*61.25

<b>DOCUMENT # N24987</b> 1. Entity Name <b>THE FAIRWAY LAKES OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>818 FAIRWAY LAKES DR NICEVILLE, FL 32578 US</b>			Mailing Address <b>P.O. BOX 5404 NICEVILLE, FL 32578-5404 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2883265</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHRISTOPHER, KIM 724 PUTTER DR. NICEVILLE, FL 32578</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PATRICK, RONALD</b> <b>818 FAIRWAY LAKES DR.</b> <b>NICEVILLE, FL 32578</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WEEKS, WILLIAM</b> <b>735 PUTTER DRIVE</b> <b>NICEVILLE, FL 32578</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MCCAFFREY, ROBERT E</b> <b>825 FAIRWAY LAKES DRIVE</b> <b>NICEVILLE, FL 32578</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CRUSEBURG, WALTER</b> <b>833 FAIRWAY LAKES DRIVE</b> <b>NICEVILLE, FL 32578</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KATHE RICHARDS</b> <b>829 FAIRWAY LAKES DRIVE</b> <b>NICEVILLE, FL 32578</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHRISTOPHER, KIM</b> <b>724 PUTTER DR.</b> <b>NICEVILLE, FL 32578</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAROLD, BRANDON</b> <b>831 FAIRWAY LAKES DR.</b> <b>NICEVILLE, FL 32578</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>C. H. BOONE</b> <b>815 FAIRWAY LAKES DRIVE</b> <b>NICEVILLE, FL 32578</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Kim H Christopher</i> KIM H CHRISTOPHER 1-10-08 (850) 891-0705</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					