


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90025 031 \*\*\*\*61.25

<b>DOCUMENT # N25020</b>					
1. Entity Name <b>THE FAIRWAYS AT THE PLANTATION MASTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>ADVANCED MANAGEMENT, INC. 899 WOODBRIDGE DRIVE VENICE, FL 34293-4300</b>			Mailing Address <b>ADVANCED MANAGEMENT, INC. 899 WOODBRIDGE DRIVE VENICE, FL 34293-4300</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0119737</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ADVANCED MANAGEMENT INC 899 WOODBRIDGE DR VENICE, FL 34293</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMERON, CHARLOTTE		NAME	CAMERON, CHARLOTTE	
STREET ADDRESS	899 WOODBRIDGE DR		STREET ADDRESS	899 woodbridge dr.	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	Venice FL 34293	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACH, LEROY M.		NAME		
STREET ADDRESS	899 WOODBRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEUTSCHER, GORDON		NAME		
STREET ADDRESS	899 WOODBRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <i>Charlotte M. Cameron</i>			Date: <i>3/12/07</i> Daytime Phone #: <i>941-493-0287</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



02272007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0119737**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	COMERON, CHARLOTTE	
STREET ADDRESS	899 WOODBRIDGE DR	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZACH, LEROY M.	
STREET ADDRESS	899 WOODBRIDGE DR	
CITY-ST-ZIP	VENICE, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEUTSCHER, GORDON	
STREET ADDRESS	899 WOODBRIDGE DR	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, CHARLOTTE	
STREET ADDRESS	899 woodbridge dr.	
CITY-ST-ZIP	Venice FL 34293	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: *Charlotte M. Cameron* Date: *3/12/07* Daytime Phone #: *941-493-0287*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR