

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90002 009 ****75.00

DOCUMENT # N26483 1. Entity Name FAIRWAY ESTATES HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business P. O. BOX 570013 MIAMI FL 33257-0013 US			Mailing Address 9960 SW 160 ST MIAMI FL 33157 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10525 S.W. 161 TERRACE MIAMI, FL 33157 Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 59-2906579	
Zip 33157		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHARMER, PAUL 10525 SW 161 TERRACE MIAMI FL 33157				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Paul Pharmed</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 NAME STREET ADDRESS CITY - ST - ZIP	V TAMARIZ, VICTOR 16250 S.W. 109 AVENUE MIAMI FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLLEY, ROBERT 15850 S.W. 105TH AVE. MIAMI FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHARMER, CAROL 10525 SW 161 TERRACE MIAMI FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PHARMER, PAUL 10525 SW 161 TERRACE MIAMI FL 33157-3039	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILLOTT, DANIEL J 10399 SW 156 ST MIAMI FL 33157	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCTAGGERT, FELIX 16170 SW 107 PLACE MIAMI FL 33157	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MCTAGGERT, FELIX 16170 SW 107 PLACE MIAMI, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HOLLEY, ROBERT 15850 SW 105 AVENUE MIAMI, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MILLOTT, DANIEL J. 10399 SW 156 STREET MIAMI, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Paul Pharmed</u> February 3, 2004 (305) 275-1788 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					