


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90040 037 \*\*\*\*75.00

<b>DOCUMENT # N26483</b>					
1. Entity Name <b>FAIRWAY ESTATES HOMEOWNERS ASSOCIATION INC.</b>					
Principal Place of Business <b>P. O. BOX 570013 MIAMI FL 33257-0013 US</b>		Mailing Address <b>10525 SW 161 TERR MIAMI FL 33157 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2906579</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PHARMER, PAUL 10525 SW 161 TERRACE MIAMI FL 33157</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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAMARIZ, VICTOR	NAME			
STREET ADDRESS	16250 S.W. 109 AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCTAGGERT, FELIX	NAME	<b>BRUCE SILVERS</b>		
STREET ADDRESS	16170 SW 107 PLACE	STREET ADDRESS	<b>16240 SW 100 COURT</b>		
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	<b>MIAMI, FL 33157</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHARMER, CAROL	NAME			
STREET ADDRESS	10525 SW 161 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHARMER, PAUL	NAME			
STREET ADDRESS	10525 SW 161 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157-3039	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLLEY, ROBERT	NAME			
STREET ADDRESS	15850 SW 105 AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLOTT, DANIEL J	NAME			
STREET ADDRESS	10399 SW 156 ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP			
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> <b>PAUL PHARMER</b> <u>MAR 28, 2005</u> <b>(305) 235-1788</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					