


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2006 08:00 AM
Secretary of State

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 10525 SW 161 TERR MIAMI FL 33157 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-2906579	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHARMER, PAUL 10525 SW 161 TERRACE MIAMI FL 33157			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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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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"/> Add	
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 type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	SILVERS, BRUCE			NAME			
STREET ADDRESS	16240 SOUTHWEST 100 COURT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
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"/> Add	
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"/> Add	
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"/> Add	
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 exemptions contained in Section 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: Paul Pharmed PAUL PHARMER JAN 25, 2006 (305) 235-178