

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90075 016 ****75.00

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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

DO NOT WRITE IN THIS SPACE



01132007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2906579

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHARMER, PAUL
10525 SW 161 TERRACE
MIAMI, FL 33157

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IN THIS SPACE**

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

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

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	TAMARIZ, VICTOR
STREET ADDRESS	16250 S.W. 109 AVENUE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	SILVERS, BRUCE
STREET ADDRESS	16240 SOUTHWEST 100 COURT
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	PHARMER, CAROL
STREET ADDRESS	10525 SW 161 TERRACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	T
NAME	PHARMER, PAUL
STREET ADDRESS	10525 SW 161 TERRACE
CITY-ST-ZIP	MIAMI, FL 331573039
TITLE	S
NAME	HOLLEY, ROBERT
STREET ADDRESS	15850 SW 105 AVE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	P
NAME	MILLOTT, DANIEL J
STREET ADDRESS	10399 SW 156 ST
CITY-ST-ZIP	MIAMI, FL 33157

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IN THIS SPACE**

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:

Paul Pharmed **PAUL PHARMER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07 (305) 235-1788

Date

Daytime Phone #