


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # N26483</b>   |  |
| 1. Entity Name<br><b>FAIRWAY ESTATES HOMEOWNERS ASSOCIATION INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>P. O. BOX 570013<br/>MIAMI FL 33257-0013<br/>US</b> | Mailing Address<br><b>10525 SW 161 TERR<br/>MIAMI FL 33157<br/>US</b> |
|---|---|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

1st MOORE CR2E037 (10/07)

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|  |  |
|--|--|
| 4. FEI Number<br><b>59-2906579</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>PHARMER, PAUL<br/>10525 SW 161 TERRACE<br/>MIAMI FL 33157</b> |
|---|

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|--|
| 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   | DATE |
| <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reconstituting)</small>   |      |

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| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b> |
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|--|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input checked="" type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

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| <b>Make Check Payable to<br/>Florida Department of State</b> |
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| 10. OFFICERS AND DIRECTORS   |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete |
| <b>V<br/>TAMARIZ, VICTOR<br/>16250 S.W. 109 AVENUE<br/>MIAMI FL 33157</b>    |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete |
| <b>D<br/>SILVERS, BRUCE<br/>16240 SOUTHWEST 100 COURT<br/>MIAMI FL 33157</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete |
| <b>D<br/>PHARMER, CAROL<br/>10525 SW 161 TERRACE<br/>MIAMI FL 33157</b>      |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete |
| <b>T<br/>PHARMER, PAUL<br/>10525 SW 161 TERRACE<br/>MIAMI FL 33157-3039</b>  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete |
| <b>S<br/>HOLLEY, ROBERT<br/>15850 SW 105 AVE<br/>MIAMI FL 33157</b>          |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete |
| <b>P<br/>MILLOTT, DANIEL J<br/>10399 SW 156 ST<br/>MIAMI FL 33157</b>        |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>U000000840834<br/>03/07/08-80010-001 75.00</b>     |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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. |
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**SIGNATURE:** *Paul Pharmed*

*Feb 20, 2008 (305) 235-1788*