

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26483

FILED  
Jan 18, 2009  
Secretary of State

**Entity Name:** FAIRWAY ESTATES HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

P. O. BOX 570013  
MIAMI, FL 332570013 US

**New Principal Place of Business:**

**Current Mailing Address:**

10525 SW 161 TERR  
MIAMI, FL 33157 US

**New Mailing Address:**

**FEI Number:** 59-2906579      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PHARMER, PAUL  
10525 SW 161 TERRACE  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: TAMARIZ, VICTOR  
Address: 16250 S.W. 109 AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: SILVERS, BRUCE  
Address: 16240 SOUTHWEST 100 COURT  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: PHARMER, CAROL  
Address: 10525 SW 161 TERRACE  
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete  
Name: PHARMER, PAUL  
Address: 10525 SW 161 TERRACE  
City-St-Zip: MIAMI, FL 331573039

Title: S ( ) Delete  
Name: HOLLEY, ROBERT  
Address: 15850 SW 105 AVE  
City-St-Zip: MIAMI, FL 33157

Title: P ( ) Delete  
Name: MILLOTT, DANIEL J  
Address: 10399 SW 156 ST  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL PHARMER

T

01/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date