

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 18, 2009
Secretary of State**

DOCUMENT# N26483

Entity Name: FAIRWAY ESTATES HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

New Principal Place of Business:

P. O. BOX 570013
MIAMI, FL 332570013 US

Current Mailing Address:

New Mailing Address:

10525 SW 161 TERR
MIAMI, FL 33157 US

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

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

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

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

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

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

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