


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N26725 1. Entity Name FAIRWAY VIEW CONDOMINIUM OF TALLAHASSEE CONDOMINIUM ASSOCIATION INC.		
Principal Place of Business 216 E OAKLAND AVE SUITE 2 TALLAHASSEE, FL 32301	Mailing Address 216 E OAKLAND AVE SUITE 2 TALLAHASSEE, FL 32301	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FRAZIER, SANDRA B 216 E OAKLAND AVE SUITE 2 TALLAHASSEE, FL 32301		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LATIMER, BARBARA A. 1830 B NICKLAUS DR TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOUNT, JAMES E 6277 RANCH RD TALLAHASSEE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, RANDALL A. % JERALD D. COLLMAN 290 TEAL LANE TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINO, ANDREA 1830 A NICKLAUS DR TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Sandra B. Frazier - Registered Agent</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9-6-05 877-4343 <small>Date Daytime Phone #</small>



06302005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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09/12/05-80001-008 61.25