

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N26725

1. Entity Name
**FAIRWAY VIEW CONDOMINIUM OF TALLAHASSEE
CONDOMINIUM ASSOCIATION INC.**



FILED
06 MAY 16 PM 3:41
SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
**216 E OAKLAND AVE SUITE 2
TALLAHASSEE, FL 32301**

Mailing Address
**216 E OAKLAND AVE SUITE 2
TALLAHASSEE, FL 32301**



05102006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be **100076154231**
Added to Fee **13/06--01037--003 **61.25**

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	

**DO NOT WRITE
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: *Barbara A. Latimer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-06
Date

656-1517
Daytime Phone #