

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26876

FILED  
Feb 12, 2006  
Secretary of State

**Entity Name:** FAIRWAYS OF ROYAL PALM BEACH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

78 FAIRWAYS LANE  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

100 FAIRWAYS LANE  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 65-0158646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, DENICE  
78 FAIRWAYS LANE  
ROYAL PALM BEACH, FL 33411 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: PD ( ) Delete  
Name: SANGSTER, CHARMAINE  
Address: 85 FAIRWAYS LANE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VD ( ) Delete  
Name: DIFRISCO, MELANIE  
Address: 62 FAIRWAYS LANE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD ( ) Delete  
Name: DAVIS, DENICE K  
Address: 78 FAIRWAYS LANE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD ( ) Delete  
Name: BAKER, RENEE  
Address: 133 FAIRWAYS LANE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: SCELFO, GLORIA  
Address: 71 FAIRWAYS LANE  
City-St-Zip: WEST PALM BEACH, FL 33411

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DENICE K. DAVIS

TD

02/12/2006

Electronic Signature of Signing Officer or Director

Date