2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State
04-09-2008 90025 040 ****61.25

DOCUMENT # N29047

1. Entity Name
FAIRWAY CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10034 W. MCNABRY FORT LAUDERDALE, FL 33321 US	10034 W. MCNABRY FORT LAUDERDALE, FL 33321 US

03172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0088653 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERRIO, ANDRES
101 N. PINE ISLAND RD
SUITE 201
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEFORT, YVES 3676 NW 83 LANE SUNRISE, FL 33351	☑ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	JOSHUA LINGER FELT 3668 NW 83 LN SUNRISE FL 33351	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GORMAN, DANIEL 3594 NW 83 LANE SUNRISE, FL 33351	☑ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	OLGA MOSCOSO 3608 NW 83 LN SUNRISE FL 33351	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JACOBS, RANDI 3637 NW 83 LANE SUNRISE, FL 33351	☑ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	MARLENE GERKIN 3682 NW 83 LN SUNRISE FL 33351	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUSSAIN, TAHIER 3630 NW 83RD LN SUNRISE, FL 33351	☑ Delete	TITLE SEC NAME STREET ADDRESS CITY-ST-ZIP	KATHY GILLOCK 3696 NW 83 LN SUNRISE FL 33351	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEYTON, DIEGO 3641 NW 83RD LN SUNRISE, FL 33351	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DEBBIE PIXLEY 3674 NW 83 LN SUNRISE FL 33351	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GIRAO, CECILIA 3647 NW 83RD LN SUNRISE, FL 33351	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9/40	☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #