


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90418 001 \*\*\*\*61.25

<b>DOCUMENT # N33108</b>	
1. Entity Name <b>FAIRWAY RIDGE ADDITION HOMEOWNER'S ASSOCIATION, INC.</b>	

Principal Place of Business <b>P O BOX 492 VALRICO, FL 33595 US</b>	Mailing Address <b>P O BOX 492 VALRICO, FL 33595 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03242006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2964832</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SCHAUB, JOHN A 2110 LAINDALE PLACE VALRICO, FL 33594</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROCKMAN, CARL</b>	NAME	
STREET ADDRESS	<b>2303 SUNVIEW AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMMONS, MARY</b>	NAME	
STREET ADDRESS	<b>2319 SUNVIEW AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'KEEFE, PATRICK</b>	NAME	
STREET ADDRESS	<b>2302 SUNVIEW AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHAUB, JOHN</b>	NAME	<b>PTD SCHAUB, JOHN</b>
STREET ADDRESS	<b>2110 LAINDALE PLACE</b>	STREET ADDRESS	<b>2110 LAINDALE PLACE</b>
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>	CITY-ST-ZIP	<b>VALRICO, FL 33594</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, LAURIE</b>	NAME	<b>DS MORRIS, LAURIE</b>
STREET ADDRESS	<b>2119 LAINDALE PLACE</b>	STREET ADDRESS	<b>2119 LAINDALE PLACE</b>
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>	CITY-ST-ZIP	<b>VALRICO, FL 33594</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>VD JIMMY NEWMAN</b>
STREET ADDRESS		STREET ADDRESS	<b>2305 SUNVIEW AVE.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>VALRICO, FL 33594</b>

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:** JOHN A. SCHAU **JOHN A. SCHAU** **MARCH 27, 2006** **813-689-3122**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #