

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N36896

1. Entity Name
FAIRWAY ISLES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**1520 SW FAIRWAY ISLES
PORT ST LUCIE, FL 34986 US**

Mailing Address
**1520 SW FAIRWAY ISLES
PORT ST LUCIE, FL 34986 US**



01192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0389712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NEY, GREGG
411 S/W FAIRWAY LANDING
PORT ST LUCIE, FL 34986**

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARWOOD, ANNE 441 FAIRWAY LAKE PORT SAINT LUCIE, FL 34986
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NWY, GREGG 411 S/W FAIRWAY LANDING PORT ST LUCIE, FL 34986
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANCISCO, DAVID 403 FAIRWAY LANDING PORT SAINT LUCIE, FL 34986
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARENDET, GUNTEL 423 SW FAIRWAY LANDING PORT SAINT LUCIE, FL 34986
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRAMPTON, NEAL 410 S/W FAIRWAY LANDING PT ST LUCIE, FL 34986
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

U00000598652
01/24/07-80083-021 61.25

**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:

Neal R Frampton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEAL R FRAMPTON

1-19-07 772-344-0128

Date Daytime Phone #