

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36896

FILED  
Jan 30, 2009  
Secretary of State

**Entity Name:** FAIRWAY ISLES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1520 SW FAIRWAY ISLES  
PORT ST LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

1520 SW FAIRWAY ISLES  
PORT ST LUCIE, FL 34986 US

**New Mailing Address:**

**FEI Number:** 65-0389712      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROSS, DEBORAH ESQ.  
759 S. FEDERAL HIGHWAY - SUITE 212  
STUART, FL 34994 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: VPD ( ) Delete  
Name: MARWOOD, ANNE  
Address: 441 FAIRWAY LAKE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: PD ( ) Delete  
Name: NWY, GREGG  
Address: 411 S/W FAIRWAY LANDING  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: SD ( ) Delete  
Name: FRANCISCO, DAVID  
Address: 403 FAIRWAY LANDING  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D ( ) Delete  
Name: GLAESER, JOHN  
Address: 441 SW FAIRWAY LANDING  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD ( ) Delete  
Name: FRAMPTON, NEAL  
Address: 410 S/W FAIRWAY LANDING  
City-St-Zip: PT ST LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: NEY, GREGG  
Address: 411 S/W FAIRWAY LANDING  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: SD (X) Change ( ) Addition  
Name: VARANO, RICHARD  
Address: 413 FAIRWAY LANDING  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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 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: NEAL R FRAMPTON

TD

01/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date