2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N38630

Entity Name: FAIRWAY LANDINGS ASSOCIATION, INC.

Current Principal Place of Business:

9639 FAIRWOOD CT
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

9649 FAIRWOOD CT
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

9639 FAIRWOOD CT
PORT SAINT LUCIE, FL 34986

New Mailing Address:

9649 FAIRWOOD CT
PORT SAINT LUCIE, FL 34986

FEI Number: 20-4106016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROSSMAN, RAYMOND
9630 LANDINGS DR
PORT ST. LUCIE, FL 34986 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:	VP	( ) Delete
Name:	SHEPARD, KENNETH DR	
Address:	9620 FAIRWOOD CT	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	VP	( ) Delete
Name:	DEVRIES, ART	
Address:	9650 LANDINGS DR	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	P	( ) Delete
Name:	CROSSMAN, RAYMOND	
Address:	9630 LANDING DR	
City-St-Zip:	PORT ST LUCIE, FL 34986	
Title:	T	( ) Delete
Name:	EISER, LYNDA L	
Address:	9649 FAIRWOOD CT.	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	S	( ) Delete
Name:	LUCILLE, BRIAN	
Address:	9619 FAIRWOOD CT.	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	

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 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: LYNDA L. EISER T 01/20/2009
Electronic Signature of Signing Officer or Director — Date