

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40396

FILED
Apr 30, 2005
Secretary of State

Entity Name: FAIRWAY PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1207 N. HIMES AVE
SUITE 3
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1207 N. HIMES AVE
SUITE 3
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 31-1315114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICES INC
1207 N. HIMES AVE
SUITE 3
TAMPA, FL 33607 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: SD () Delete
Name: ZWIEG, VIRGINA
Address: 1111 GOLFVIEW WOODS DR.
City-St-Zip: RUSKIN, FL 33573

Title: D () Delete
Name: FREY, IRWIN
Address: 1131 GOLFVIEW WOODS DR
City-St-Zip: RUSKIN, FL 33573

Title: TD () Delete
Name: BROBACK, LINDA
Address: 902 SILVERTHORN LA
City-St-Zip: RUSKIN, FL 33573

Title: VD () Delete
Name: MONTGOMERY, TERESA
Address: 911 GOLFVIEW WOODS DR.
City-St-Zip: RUSKIN, FL 33573

Title: PD () Delete
Name: HUNTER, REESE
Address: 1117 GOLFVIEW WOODS
City-St-Zip: RUSKIN, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: FREY, IRWIN
Address: 1131 GOLFVIEW WOODS DR
City-St-Zip: RUSKIN, FL 33573

Title: TD (X) Change () Addition
Name: BOYD, TOM
Address: 1132 GOLFVIEW WOODS DR
City-St-Zip: RUSKIN, FL 33573

Title: D (X) Change () Addition
Name: STANTON, NANCY
Address: 3704 MOLLIE LANE
City-St-Zip: RUSKIN, FL 33573

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: REESE HUNTER

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date