2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N40396

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: D ( ) Delete
Name: COUTURE, RENE
Address: 801 SILVERTHORN LANE
City-St-Zip: RUSKIN, FL 33573

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

Title: TD ( ) Delete
Name: HUGHES, RUTH
Address: 3713 MOLLIE LANE
City-St-Zip: RUSKIN, FL 33573

Title: SD ( ) Delete
Name: HUNTER, MARY
Address: 1117 GOLFVIEW WOODS DR.
City-St-Zip: RUSKIN, FL 33573

Title: VD ( ) Delete
Name: ERIC, HUNTER
Address: 1129 GOLFVIEW WOODS
City-St-Zip: RUSKIN, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BRUSH, GERI
Address: 1126 GOLFVIEW WOODS DR
City-St-Zip: RUSKIN, FL 33573

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

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

Title: VD (X) Change ( ) Addition
Name: HUNTER, MARY
Address: 1117 GOLFVIEW WOODS DR.
City-St-Zip: RUSKIN, FL 33573

Title: D (X) Change ( ) Addition
Name: CHAMBERLIN, BRIGITTE
Address: 3707 MOLLIE LANE
City-St-Zip: RUSKIN, FL 33573

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: IRWIN FREY PD 05/01/2009

Electronic Signature of Signing Officer or Director — Date