


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90300 035 ****61.25

DOCUMENT # N40673 1. Entity Name FAIRWAY BEND VILLAGE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business C/O PEGASUS PROPERTY MANAGEMENT 17595 S TAMIAMI TRAIL #100 FORT MYERS, FL 33908 US				Mailing Address C/O PEGASUS PROPERTY MANAGEMENT 17595 S TAMIAMI TRAIL #100 FORT MYERS, FL 33908 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 17595		Suite, Apt. #, etc. 17595			
City & State		City & State			
Zip	Country	Zip	Country	03022005 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0250955	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STILSON, BARBARA A EATON C/O PEGAUS PROPERTY MGMT INC 17595 S TAMIAMI TRAIL #100 FORT MYERS, FL 33908			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERON, MARTIN 8593 FAIRWAY BEND DR. FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOUGHTALEN, MIMI 8522 FAIRWAY BEND DRIVE FT MEYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOUGHTALEN, JOE 8522 FAIRWAY BEND DRIVE FT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENNINGSEN, JOSPEH 8553 FAIRWAY BEND DRIVE FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAFASSO, CHET 8552 FAIRWAY BEND DR. FT MEYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, GARY 8539 FAIRWAY BEND DRIVE FT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERLICH, BERNIE J 8583 FIRWAY BEND DR. FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SEYFERLICH, BERNIE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: R.J. Houghtalen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-22-05 239-489-4506 Date Daytime Phone #		