

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90180 001 ****61.25

DOCUMENT # N41208 1. Entity Name FAIRWAY OFFICE CENTER OWNERS' ASSOCIATION, INC.			
Principal Place of Business 11930 FAIRWAY LAKES DR SUITE #2 FT MEYERS FL 33913 US		Mailing Address 11930 FAIRWAY LAKES DR SUITE #2 FT MEYERS FL 33913 US	
2. Principal Place of Business 11934 Fairway Lakes Dr. Suite, Apt. #, etc. Suite #3 City & State Fort Myers, Florida Zip Country 33913 LEE		3. Mailing Address 11934 Fairway Lakes Dr. Suite, Apt. #, etc. 11934 Fairway Lakes Dr. City & State Fort Myers, Florida Zip Country 33913 LEE	
6. Name and Address of Current Registered Agent SAMUEL DOCKERY III 11930 FAIRWAY LAKES DR SUITE #2 FT MEYERS FL 33913		7. Name and Address of New Registered Agent Name Samuel E. Dockery III Street Address (P.O. Box Number is Not Acceptable) 11934 Fairway Lakes Dr Suite #3 City Fort Myers, FL Zip Code 33913	
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 Samuel E. Dockery III <i>[Signature]</i> 3-14-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: 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	VD RYBAR, TOM 12051 MAHOGANY ISLE LANE FT. MYERS FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Furleigh, Robert 28523 Silver Palm Dr. Punta Gorda, FL 33982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEYNEY, ROBERT 7845 MANASOTA KEY RD. ENGLEWOOD FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rybar, Tom 12051 Mahogany Isle Lane Fort Myers, FL 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FULEIGH, ROBERT 28523 SILVER PALM DR. PUNTA GORDA FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Buhrts, George 11922 Fairway Lakes Dr. S#3 Fort Myers, FL 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: George Buhrts <i>[Signature]</i> 239-210-0132 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			