
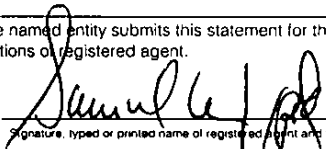
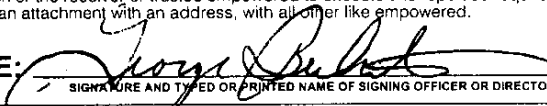


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90023 020 ****61.25

DOCUMENT # N41208 1. Entity Name FAIRWAY OFFICE CENTER OWNERS' ASSOCIATION, INC.			
Principal Place of Business 11934 FAIRWAY LAKES DRIVE SUITE # 3 FT MEYERS, FL 33913 US		Mailing Address 11934 FAIRWAY LAKES DRIVE SUITE # 3 FT MEYERS, FL 33913 US	
2. Principal Place of Business - No P.O. Box # 11934 Fairway Lakes Dr Suite, Apt. #, etc. Suite #3 City & State Fort Myers, FL Zip 33913		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country	
		01312007 Chg-NP CR2E037 (12/06)	
		4. FEI Number 65-0244905	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMUEL DOCKERY III 11934 FAIRWAY LAKES DRIVE SUITE # 3 FT MEYERS, FL 33913		7. Name and Address of New Registered Agent 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 		<div style="display: flex; justify-content: space-between;"> Samuel E. Dockery 3-01-07 </div>	
Filing Fee is \$61.25 Due by May 1, 2007		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	PD BUHRTS, GEORGE <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	11922 FAIRWAY LAKES DR	NAME	
STREET ADDRESS	FORT MYERS, FL 33913	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	YONJUF, SUSAN H	NAME	
STREET ADDRESS	11604 FAIR HAVENS RD	STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS, FL 33908	CITY- ST- ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	ALBEE, TODD	NAME	STD
STREET ADDRESS	PO BOX 436	STREET ADDRESS	Allbee, Todd
CITY- ST- ZIP	HAMPTON, IA 50441	CITY- ST- ZIP	PO Box 436
TITLE	<input type="checkbox"/> Delete	TITLE	Hampton, IA 50441
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		<div style="display: flex; justify-content: space-between;"> 3-14-07 239-210-0132 </div>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	