

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

04-19-2007 90209 041 ****70.00

DOCUMENT # N43223 1. Entity Name FAIRWAY PARTNERS TOWNHOME ASSOCIATION, INC.					
Principal Place of Business 6855 QUAIL HOLLOW BLVD WESLEY CHAPEL FL 33544 US			Mailing Address 6855 QUAIL HOLLOW BLVD WESLEY CHAPEL FL 33544 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3099599	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, WILLIAM E 6855 QUAIL HOLLOW BLVD WESLEY CHAPEL FL 33544			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and his/her representative (NOT Registered Agent signature required when registering)</small>					
FILE NOW: 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 NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete DEMAS, KATHY 6909 QUAIL HOLLOW BLVD WESLEY CHAPEL FL 33544			TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input checked="" type="checkbox"/> Delete LEWIS, GARY 6901 QUAIL HOLLOW BLVD WESLEY CHAPEL FL 33544			TITLE NAME STREET ADDRESS CITY ST ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TRESTER, SUSAN 6913 QUAIL HOLLOW BLVD WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete ROBINSON, WILLIAM 6855 QUAIL HOLLOW BLVD WESLEY CHAPEL FL 33544			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 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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.					
SIGNATURE: William Robinson (WILLIAM ROBINSON) 5-2-07 813-973-7430 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					