2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N43829

1. Entity Name
THE FAIRWAYS AT EMERALD GREENS CONDOMINIUM ASSOCIATION, INC.



04-19-2007 90181 025 ****61.25

Apr 19, 2007 8:00 am Secretary of State

FILED

				238							
Principal Place of Business 463 TORREY PINES POINT NAPLES, FL 34113 US Mailing Address 463 TORREY PINES POINT NAPLES, FL 34113 US				,	- 	1 1918 18 1 19 6 1 1 1		81811 B18# 8 11	1 61 1618 6 1110 511	BIJKBU BU 1881	
2. Principal P	Place of Business - No P.O. Box # POREST LAKES DAVI.	3. Mailing Address 181 FOREST L	AKES BLU	0.							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		04132007	Chg-Ni	P	CR2E0	37 (12/06)		
WAPKS, FL NA		NAPLES F	APLES, FL		4. FEI Numb 59-310	er)6839			N	pplied For ot Applicable	
3410	5 Country U.S.A	34105	USA		5. Certificate 7. Name and			Gletarad	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent					7. Hanne and	Addiess (OF INDIX INC	gistered	Agent		
GRACEY, ROBERT T. 187 FOREST LAKES BLVD. NAPLES, FL 34105				Name Street Address (P.O. Box Number is Not Acceptable)							
·			City					FL	Zip Cod	de	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office of	r register	ed agent, or bo	oth, in the Si	tate of Flor	rida. Lam	familiar with,	, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	:: Registered Agent signat	ure required	when reinstating)	_		DATE			
 -	Filing Fee is \$61.25	9. Election Can	npaign Financing		\$5.00 May E	30	Ma	ake chec	k payable t	to	
	Due by May 1, 2007	Trust Fund C	ontribution.		Added to Fees		Florid	da Depa	rtment of S	tate	
					Added to 1 des	.					
10.	OFFICERS AND DIR	ECTORS	11.		DDITIONS/CH				RECTORS IN	N 10	
10. TITLE	OFFICERS AND DIR	ECTORS Delete							RECTORS IN	N 10	
			11.								
TITLE	DVP GRAHAM, CHARLES		11.								
TITLE NAME	DVP		11. TITLE NAME								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRAHAM, CHARLES 1090 WOODSHIRE LN, F-101 NAPLES, FL 34101	☐ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DVP GRAHAM, CHARLES 1090 WOODSHIRE LN, F-101 NAPLES, FL 34101 D HERMANN, HARRY	☐ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME						☐ Change	Addition	
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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:

D NAME OF SIGNING OFFICER OR DIRECTOR