

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49285

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** FAIRWAY DUNES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

GUARDIAN PROPERTY MGMT.  
6700 LONE OAK BLVD  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

GUARDIAN PROPERTY MGMT.  
6700 LONE OAK BLVD  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 65-0367017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSS, BYRON  
6700 LONE OAK BLVD  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TIBBETTS, MARK  
Address: 25440 FAIRWAY DUNES CT  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP ( ) Delete  
Name: FUNSTON, JANET  
Address: 25230 FAIRWAY DUNES CT.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T ( ) Delete  
Name: PETRI, GILL  
Address: 25561 FAIRWAY DUNES CT.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete  
Name: ROMONDETTA, GERMAINE  
Address: 25530 FAIRWAY DUNES COURT  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: NIXON, RON  
Address: 25421 FAIRWAY DUNES CT.  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON ROSS

MGR

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date