



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90030 027 ****61.25

DOCUMENT # N92000000525					
1. Entity Name FAIRWAY ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4000 SOUTH 57TH AVE. STE. #101 LAKE WORTH, FL 33463 US		Mailing Address 4000 SOUTH 57TH AVE. STE. #101 LAKE WORTH, FL 33463 US		<p>40000000</p>  <p>02082005 Chg-NP CR2E037 (10/03)</p>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0401082	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PROPERTY MANAGEMENT RESOURCES 4000 S 57TH AVE STE 101 LAKE WORTH, FL 33463				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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	VD <i>POLETTI KEVIN</i>	<input type="checkbox"/> Delete	TITLE	<i>PD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>POLIETTI, KEVIN</i>		NAME	<i>POLETTI, KEVIN</i>	
STREET ADDRESS	7441 NW 29 STREET		STREET ADDRESS		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33063		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<i>VPD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, TOM		NAME		
STREET ADDRESS	2870 NW 75 AVE		STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA, FL 33036 <i>MARGATE FL 33063</i>		CITY-ST-ZIP	<i>MARGATE FL 33063</i>	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, ROBERT		NAME		
STREET ADDRESS	7620 NW 29TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITMAN, LAZER		NAME		
STREET ADDRESS	7771 NW 29TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JULES		NAME		
STREET ADDRESS	7730 NW 29TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>Kevin Polietti</i>			Date: <i>2/14/2005</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		