

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2009  
Secretary of State**

DOCUMENT# N92000000525

Entity Name: FAIRWAY ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4000 SOUTH 57TH AVE.  
STE. #101  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

4000 SOUTH 57TH AVE.  
STE. #101  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

FEI Number: 65-0401082      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PROPERTY MANAGEMENT RESOURCES  
4000 S 57TH AVE  
STE 101  
LAKE WORTH, FL 33463 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: PD ( ) Delete  
Name: POLETTI, KEVIN  
Address: 7441 NW 29 STREET  
City-St-Zip: POMPANO BEACH, FL 33063

Title: VP ( ) Delete  
Name: MARTINO, PETER  
Address: 7401 NW 29TH STREET  
City-St-Zip: MARGATE, FL 33063

Title: T ( ) Delete  
Name: BRADLEY, SHARON  
Address: 7781 NW 29TH STREET  
City-St-Zip: MARGATE, FL 33063 US

Title: DS ( ) Delete  
Name: DITMAN, LAZER  
Address: 7771 NW 29TH STREET  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: STIFFEL, ART  
Address: 7451 NW 29TH STREET  
City-St-Zip: MARGATE, FL 33063

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

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

Title: VP (X) Change ( ) Addition  
Name: BRADLEY, SHERRY  
Address: 7781 NW 29TH STREET  
City-St-Zip: MARGATE, FL 33063

Title: T (X) Change ( ) Addition  
Name: MARTINO, PETER  
Address: 7401 NW 29TH STREET  
City-St-Zip: MARGATE, FL 33063 US

Title: DS (X) Change ( ) Addition  
Name: DITMAN, LARRY  
Address: 7771 NW 29TH STREET  
City-St-Zip: MARGATE, FL 33063

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: KEVIN POLETTI

PD

04/16/2009

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

\_\_\_\_\_  
Date