

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90072 048 \*\*\*\*61.25

**DOCUMENT # N94000001081**

1. Entity Name  
**FAIRWAY ESTATES COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**499 PATRICIA AVE  
 SUITE C  
 DUNEDIN, FL 34698**

Mailing Address  
**P.O. BOX 563  
 DUNEDIN, FL 34697**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03212005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3289429**

Applied For   
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRETT, TED A  
 499 PATRICIA AVE  
 SUITE C  
 DUNEDIN, FL 34698**

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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: VP.  Delete  
 NAME: PARNELL, TOM  
 STREET ADDRESS: 1175 FORD LANE  
 CITY-ST-ZIP: DUNEDIN, FL 34698

TITLE: PRESIDENT  Change  Addition  
 NAME: MARION C. HUMANN  
 STREET ADDRESS: 1255 NELSON STREET  
 CITY-ST-ZIP: DUNEDIN, FL. 34698

TITLE: PD  Delete  
 NAME: TAYLOR, DON  
 STREET ADDRESS: 2330 DEMARET DR.  
 CITY-ST-ZIP: DUNEDIN, FL 34698

TITLE: VICE-PRESIDENT  Change  Addition  
 NAME: THOMAS PARNELL  
 STREET ADDRESS: 1175 FORD LANE  
 CITY-ST-ZIP: DUNEDIN, FL. 34698

TITLE: TD  Delete  
 NAME: BARTHOLMEY, JILL  
 STREET ADDRESS: 2365 MANGRUM DR.  
 CITY-ST-ZIP: DUNEDIN, FL 34698

TITLE: TREASURER  Change  Addition  
 NAME: STEVE HOLTON  
 STREET ADDRESS: 811 WATROUS  
 CITY-ST-ZIP: DUNEDIN, FL. 34698

TITLE: SD  Delete  
 NAME: BENZ, SHEILA  
 STREET ADDRESS: 2280 WATROUS DR.  
 CITY-ST-ZIP: DUNEDIN, FL 34698

TITLE: SECRETARY  Change  Addition  
 NAME: DOROTHY HEMOND  
 STREET ADDRESS: NELSON STREET  
 CITY-ST-ZIP: DUNEDIN, FL. 34698

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #