


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # N94000001081
1. Entity Name
FAIRWAY ESTATES COMMUNITY ASSOCIATION, INC.




Principal Place of Business Mailing Address
**499 PATRICIA AVE
SUITE C
DUNEDIN FL 34698** **P.O. BOX 563
DUNEDIN FL 34697**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country

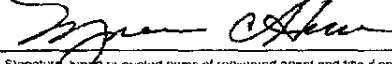
1st MOORE CR2E037 (10/05)
4. FEI Number Applied For
59-3289429 Not Applicable

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

6. Name and Address of Current Registered Agent
**BARRETT, TED A
499 PATRICIA AVE
SUITE C
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent
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 transferring) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	PARNELL, TOM	
STREET ADDRESS	1175 FORD LANE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUMANN, MARION C.	
STREET ADDRESS	1255 NELSON ST	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLTON, STEVE	
STREET ADDRESS	248 WATRONS	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEMOND, DOROTHY	
STREET ADDRESS	NELSON ST	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 