


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90262 001 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 Zip Country



01262008 Chg-NP CR2E037 (12/06)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP AUBIN, KATHERINE 1309 FAIRWAY DRIVE DUNEDIN, FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUMANN, MARION C 1255 NELSON ST DUNEDIN, FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLTON, STEVE 248 WATRONS DUNEDIN, FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEMOND, DOROTHY NELSON ST DUNEDIN, FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. KATHLEEN AUBIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1309 FAIRWAY DR. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. STEVE HOLTON <input type="checkbox"/> Change <input type="checkbox"/> Addition 248 WATRONS DR DUNEDIN FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECTY. STEPHAN QUARTARO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2395 SABA ZOW DR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kathleen M Aubin 4/30/08 727-733-5698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KATHLEEN M AUBIN