2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001596

FILED Mar 02, 2009 Secretary of State

Entity Name: FAIRWAYS LAT MARCO SHORES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 834 BALD EAGLE DR. 1000 MAINSAIL DRIVE MARCO ISLAND, FL 34145 NAPLES, FL 34114 US **Current Mailing Address: New Mailing Address:** P.O. BOX 1911 P.O. BOX 1911 MARCO ISLAND, FL 34146 US MARCO ISLAND, FL 34146 US FEI Number: 65-0482129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRUESEL, JAMIE 1104 N. CÓLLIER BLVD. MARCO ISLAND, FL 34145 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LAING, BOB LAING, BOB Name: Name: 1030 HAINSAIL DR 612 Address: 1030 MAINSAIL DR 612 Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: NAPLES, FL 34114 Title: Title: () Delete () Change () Addition Name: GRUBER, PAM Name: Address: 1024 MAINSAIL DR #511 Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: Title: () Delete Title: (X) Change () Addition VARDINALE, JOSEPH Name: CARDINALE, JOSEPH Name: Address: 65 ASHFORD DR Address: 65 ASHFORD DR City-St-Zip: CRANBERRY TWP. PA 16066 City-St-Zip: CRANBERRY TWP, PA 16066 Title: () Delete Title: () Change () Addition Name: WILKINSON, CAMILLE Name: 146 FISHER AVE Address: Address: City-St-Zip: BRICK, NJ 087233914 City-St-Zip: Title: () Delete Title: () Change () Addition SOLDWEDEL, JOHN Name: Name: 1018 MAINSAIL DR., # 411 Address: Address: City-St-Zip: NAPLES, FL 34114 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: PAM GRUBER P 03/02/2009