

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90135 047 \*\*\*\*61.25

<b>DOCUMENT # N95000001592</b> 1. Entity Name <b>FAIRWAY OAKS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>4301 32ND STREET A-19 BRADENTON, FL 34205 US</b>		Mailing Address <b>4301 32ND STREET A-19 BRADENTON, FL 34205 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1101 9th AVE W</b> Suite, Apt. #, etc.		3. Mailing Address <b>1101 9th AVE W.</b> Suite, Apt. #, etc.	
City & State <b>BRADENTON FL</b>		City & State <b>BRADENTON FL</b>	
Zip <b>34205</b>		Zip <b>34205</b>	
Country <b>USA</b>		Country <b>USA</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>CAS CONJO MANAGEMENT 4301 32ND STREET SUITE A-19 BRADENTON, FL 34205</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>DENISE CABANILLAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1101 9th AVE W</b> City <b>BRADENTON</b> <b>FL</b> Zip Code <b>34205</b>	
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 <u><i>Denise Cabanillas</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TRABEL, MARILYN 1702 FAIRWAY OAKS PALMETTO, FL 34221	TITLE NAME STREET ADDRESS CITY - ST - ZIP	YVONNE LAWREY 2421 FAIRWAY OAKS DR. PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CASTNER, JOANN 1611 FAIRWAY OAKS DR PALMETTO, FL 34221	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LANDGREBE, MARILYN. 1604 FAIRWAY OAKS DR PALMETTO, FL 34221	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KLACZKIEWICZ, FLORENCE 1704 FAIRWAY OAKS DR PALMETTO, FL 34221	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 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: <u><i>Denise Cabanillas</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/28/08</u> <small>Daytime Phone #</small>	