

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90337 031 ****61.25

DOCUMENT # N95000003990



1. Entity Name
**FAIRWAY VILLAGE OF SARASOTA HOMEOWNERS
ASSOCIATION, INC.**

Principal Place of Business
**C/O DEBBIE GREEN-CAPRI PROPTY MGMT. INC
810 B PINEBROOK ROAD
VENICE, FL 34292**

Mailing Address
**C/O CAPRI PROPERTY MANAGEMENT INC
810 B PINEBROOK ROAD
VENICE, FL 34292**

30010794



2. Principal Place of Business

**C/O ADVANCED MGMT INC
899 WOODBRIDGE DR.**

3. Mailing Address

**C/O ADVANCED MGMT INC
899 WOODBRIDGE DR.**

04052006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

VENICE FL

Suite, Apt. #, etc.

VENICE FL 34292

4. FEI Number
65-0721180

Applied For
Not Applicable

Zip
34293

Country
USA

Zip
34293

Country
USA

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

6. Name and Address of Current Registered Agent

**CAPRI PROPERTY MANAGEMENT INC
C/O CAPRI PROPERTY MGMT., INC.
810-B PINEBROOK RD
VENICE, FL 34285**

7. Name and Address of New Registered Agent

Name **ADVANCED MANAGEMENT INC.**
Street Address (P.O. Box Number is Not Acceptable)
899 WOODBRIDGE DRIVE
City **VENICE** FL Zip Code **34293**

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

Margie Festa

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRUNWALD, JOHN 230 FAREHAM DR. VENICE, FL 34293	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ENGLUND, GEORGE 529 WEXFORD DR VENICE, FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROCHFORD, CHRIS 250 FAREHAM DR VENICE, FL 34293	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMAN, KRISTA 268 FAREHAM DR VENICE, FL 34293	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FESTA, MARGE 416 MAYFAIR DE VENICE, FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GREEN, DEBBIE 810-B PINEBROOK RD. VENICE, FL 34285	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE ENGLAND 899 wood bridge dr. Venice fl 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGER WOLDBY 899 WOODBRIDGE DR. VENICE FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS MARIE FESTA 899 WOODBRIDGE DR. VENICE FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECTOR MONTAÑOS 899 wood bridge dr. Venice fl 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glen wagner 899 woodbridge dr. venice fl 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sharon Washko 899 woodbridge dr. venice fl 34293	<input type="checkbox"/> Change <input checked="" 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:

Margie Festa **marge festa, Treasurer 4/7/06 401.493.0287**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #