2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N95000003990

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



Principal Place of Business

C/O DEBBIE GREEN-CAPRI PROPTY MGMT. INC

Mailing Address

C/O CAPRI PROPERTY MANAGEMENT INC



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

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

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SGG WOODBRIDGE DR. 8GG WOODBRID City & State City & State					<i>,</i>	4. FEI Numbe	···		I Ac	plied For	
VOUICE FL			VENICE R	VENICE R 3420			65-0721180 Not Applicable				
Zip 34293 Country A			34293	34293 Country USA			5. Certificate of Status Desired See Required Fee Required				
	6. Name	and Address of Current F	Registered Agent			7. Name and	Address of Ne	w Registered	d Agent		
CAPRIPR	OPERTY	MANAGEMENT INC		Name	ADUP	M (B) VII	1ANA60	MOUT	INC.		
C/O CAPR	I PROPE	RTY MGMT., INC.		Street A	Street Address (P.O. Box Number is Not Acceptable)						
810-B PINEBROOK RD VENICE, FL 34285					DAM	<u> </u>	را عادا را	<u> </u>	2100		
72.4.02,		•		City	Va	ICE		F	Zip Cod	ి గిని	
8. The above	named entit	y submits this statement for	the purpose of changing its	registered office o			h, in the State o			and accept	
the obligat	ions of regist	tered agent.		•						!	
	2	main man	1411								
SIGNATURE Signature, typed or printed name of registered agent and pile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	Fillian En	- In \$84.25	¢5 00		Make che	ck payable t	· · · · · · · · · · · · · · · · · · ·				
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution.						\$5.00 May B Added to Fees	° F		artment of S		
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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.

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