


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90103 029 ****61.25

DOCUMENT # N96000003827					
1. Entity Name FAIRVIEW GOLF CLUB, INC.					
Principal Place of Business P.O. BOX 8496 WEST PALM BEACH, FL 33407			Mailing Address P.O. BOX 8496 WEST PALM BEACH, FL 33407		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0096434	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAYNOR, EDWARD L 1406 39TH ST W PALM BEACH, FL 33407				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 <u>Edward L Maynor</u> EDWARD L MAYNOR <u>01-07-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, MACK 623 N.W. 5TH ST BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAYNOR, EDWARD L 1406 39TH STREET WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS MAGEE, JAMES 3025 BURGOWNE LANE WEST PALM BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS CHARLES LIVELY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 325 EXECUTIVE CENTER DRIVE WEST PALM BEACH, FL 33407		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERS, EDWARD 1532 6TH ST W PALM BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTHA CLARK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1095B GREENTRAIL DRIVE SOUTH BOYNTON BEACH, FL 33463		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS WILLIAMS, CURTIS PO BOX 749 LAKE WORTH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, JAMES 6172 OAK ROYAL DR LANTANA, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARIE LAWRENCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1147 FERNLEA DR WEST PALM BEACH, FL 33417		
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>Edward L Maynor</u> EDWARD L MAYNOR <u>01-07-06</u> <u>541 842-4123</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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