
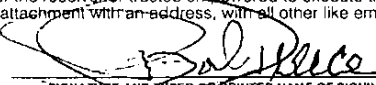


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90064 016 ****61.25

DOCUMENT # N97000001551					
1. Entity Name FAIRWAY GARDENS AT TARA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 903 TOWN CENTER PARKWAY BRADENTON, FL 34202			Mailing Address 9031 TOWN CEN PKWY BRADENTON, FL 34202		
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		Country		4. FEI Number 59-3415642	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, DOUGLAS C/O ADVANCED MANAGEMENT, INC. 9031 TOWN CENTER PKWY BRADENTON, FL 34202			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIERCE, BOB		NAME		
STREET ADDRESS	6608 PINEVIEW TERR		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMAN, DALLAS		NAME		
STREET ADDRESS	6629 PINEVIEW TERR		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, DONNA		NAME	PD Donna Thomas	
STREET ADDRESS	6641 PINEVIEW TERR		STREET ADDRESS	6641 Pineview Terr	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Bradenton FL 34203	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISHMANN, JUDITH		NAME	TD Al McElrath	
STREET ADDRESS	6579 FAIRWAY GARDENS DR.		STREET ADDRESS	6620 Pineview Terr.	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Bradenton FL 34203	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WAUGH, ROBERT		NAME	Kevin Selig	
STREET ADDRESS	6544 FAIRWAY GARDENS DR.		STREET ADDRESS	6574 Fairway Gardens Dr.	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Bradenton FL 34203	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Scott Karyen	
STREET ADDRESS			STREET ADDRESS	6630 Pineview Terr	
CITY-ST-ZIP			CITY-ST-ZIP	Bradenton FL 34203	
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: 			Date: 5-13-08 <small>Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					