2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N97000001551

FAIRWAY GARDENS AT TARA CONDOMINIUM



FILED

Mar 24, 2008 8:00 am Secretary of State

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

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.			02252008 _C	hg-NP	CR2E03	37 (12/06)	
City & State		City & State			4. FEI Number 59-341564	12			pplied For ot Applicable
Zip	Country	Zip	Coul	ntry	5. Certificate of Status Desired			\$8.75 Add	
	6. Name and Address of Current	Registered Agent	<u>' · </u>		7. Name and Add	Iross of New I	Rogistered A	Agent -	
WUS UW	DOLIGIAS			Name					
WILSON, DOUGLAS C/O ADVANCED MANAGEMENT, INC. 9031 TOWN CENTER PKWY			Street Address		(P.O. Box Number is Not Acceptable)				
	TON, FL 34202								
				City			FL	Zip Cod	ie
	e named entity submits this statement to tions of registered agent.	r the purpose of changing it	ts registere	d office or register	red agent, or both, in	the State of F	lorida. I am	familiar with,	and accept
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NC	OTE: Registered	f Agent signature required	d when reinstating)		DATE		
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	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Ca Trust Fund	ampaign Fi I Contributio		\$5.00 May Be Added to Fees	Fio	Make check rida Depar	c payable t tment of S	tate
10.	_	Trust Fund		on.		Flo	rida Depar	tment of S	tate
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TITLE NAME	Due by May 1, 2008 OFFICERS AND DIE D PIERCE, BOB	Trust Fund	11. TITLE NAME	on	Added to Fees	Flo	rida Depar	tment of S	tate V 10
TITLE	Due by May 1, 2008 OFFICERS AND DIF	Trust Fund	11. TITLE NAME STREE	on.	Added to Fees	Flo	rida Depar	tment of S	tate V 10
TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIF D PIERCE, BOB 6608 PINEVIEW TERR BRADENTON, FL 34203 VPD	Trust Fund	11. TITLE NAME STREE	et address	Added to Fees	Flo	rida Depar	tment of S	tate V 10
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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.

SIGNATURE:

Daytime Phone #