AMENDED

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

08-29-2008 90001 040 ****61.25
N97000001551

FILED
08 SEP -5 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001551

1. Entity Name
Fairway Gardens II of Tara Condominium Assoc. Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4301 32nd St W	Same
Suite, Apt. #, etc.: A-20	Suite, Apt. #, etc.
City & State: Bradenton FL	City & State
Zip: 34205 Country: USA	Zip Country

CR2E037B (5/07)

4. FEI Number ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CTS Management Service

Street Address (P.O. Box Number is Not Acceptable): 4301 32nd St W A-20

City: Bradenton FL Zip Code: 34205

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: _____ Katy Clark Manager 8-21-08
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended AR

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	DP
NAME	Graham Pike
STREET ADDRESS	6814 FVT
CITY-ST-ZIP	Bradenton FL 34203
TITLE	DVP
NAME	Debbie Kovach
STREET ADDRESS	6708 FGD
CITY-ST-ZIP	Bradenton FL 34203
TITLE	DST
NAME	Phil Stewart
STREET ADDRESS	6750 FGD
CITY-ST-ZIP	Bradenton, FL. 34203
TITLE	D
NAME	Binny Kalmbach
STREET ADDRESS	6714 FGD
CITY-ST-ZIP	Bradenton FL 34203
TITLE	D
NAME	Barb Wise
STREET ADDRESS	6726 FVT
CITY-ST-ZIP	Bradenton FL 34203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

$9.75

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8-21-08 941 758-9454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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