


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

**DOCUMENT # N97000006136**

1. Entity Name

**FAIRWAY ISLES AT OLIVE TREE HOMEOWNERS' ASSOCIATION, INC.**



04-10-2006 90309 037 \*\*\*\*61.25

Principal Place of Business

C/O ASSOCIATED PROP  
 1928 LAKE WORTH RD  
 LAKE WORTH FL 33461  
 US

Mailing Address

C/O ASSOCIATED PROP  
 1928 LAKE WORTH RD  
 LAKE WORTH FL 33461  
 US



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number **65-0824170**

Applied For  Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**ASSOCIATED PROPERTY MGMT  
 1928 LAKE WORTH RD.  
 LAKE WORTH FL 33461**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2006**

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	PD	<input type="checkbox"/> Delete
NAME	GRUBER, MICHAEL	
STREET ADDRESS	1447 FAIRWAY CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HILL, DAVID	
STREET ADDRESS	1227 OLYMPIC CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, CHRISTINE	
STREET ADDRESS	1266 OLYMPIC CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FINCH, JAMES	
STREET ADDRESS	1264 OLYMPIC CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, GILBERT	
STREET ADDRESS	1329 FISHERS PL	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FONSECA, SARAH	
STREET ADDRESS	1557 PEBBLE BEACH LN	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, GILBERT	
STREET ADDRESS	1329 FISHERS PL.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDDY, DEBRA	
STREET ADDRESS	1225 OLYMPIC CIR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWISTAR, DAVID	
STREET ADDRESS	1321 FISHERS PL.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, STEVEN	
STREET ADDRESS	1240 OLYMPIC CIR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARKER, AMY	
STREET ADDRESS	1321 FISHERS PL.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **3/13/06** DAY/PHONE: **252-4019**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR