


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90026 036 ****61.25

DOCUMENT # N97000006136

1. Entity Name
FAIRWAY ISLES AT OLIVE TREE HOMEOWNERS' ASSOCIATION, INC.



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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

02282007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0824170

Applied For
 Not Applicable

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD GRUBER, MICHAEL 1444 FAIRWAY CIRCLE WEST PALM BEACH, FL 33413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, GILBERT 1329 FISHERS PLACE WEST PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAZEN-VALVO, NATASHA 1468 FAIRWAY CIRCLE WEST PALM BEACH, FL 33413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, STEVEN 1240 OLYMPIC CIRCLE WEST PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMARAL, RONNIE 1444 FAIRWAY CIRCLE WEST PALM BEACH, FL 33413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFER, MARIA 1227 OLYMPIC CIRCLE WEST PALM BEACH, FL 33413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Michael Gruber **3/16/07** **561-252-4017**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #