

**2007 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

APPROVED  
AND  
FILED


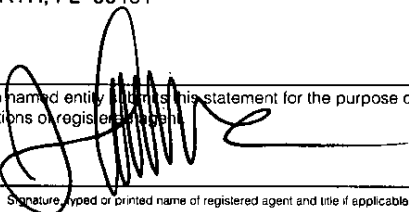
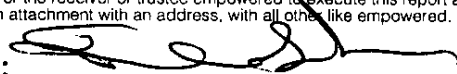
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JD* 11-7-07



10152007 Chg-NP CR2E037 (12/06)

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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0824170	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD. LAKE WORTH, FL 33461			Name <i>John Newsome</i> Street Address (P.O. Box Number is Not Acceptable) <i>90 WELLINGTON MANAGEMENT</i> <i>3461-B FAIRLANE FARMS Rd.</i> <i>WELLINGTON, FL</i> Zip Code <i>33414</i>		
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 <i>10-30-07</i>		
Amended AR is \$61.25			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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, LEWIS		NAME	700112266887	
STREET ADDRESS	1329 FISHERS PL		STREET ADDRESS	11/14/07--01014--001 **61.25	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRUBER, MICHAEL		NAME		
STREET ADDRESS	1447 FAIRWAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAZEN-VALVD, NATASHA		NAME		
STREET ADDRESS	1468 FAIRWAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, STEVEN		NAME		
STREET ADDRESS	1240 OLYMPIC CIR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMARAL, RONNIE		NAME		
STREET ADDRESS	1444 FAIRWAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAEFER, MARIA		NAME		
STREET ADDRESS	1227 OLYMPIC CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
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 <i>10/27</i> Daytime Phone # <i>561-252-4017</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		