

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006136

FILED
Jan 30, 2009
Secretary of State

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

Current Principal Place of Business:

C/O WELLINGTON MANAGEMENT
3461-B FAIRLANE FARMS RD.
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

C/O WELLINGTON MANAGEMENT
3461-B FAIRLANE FARMS RD.
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 65-0824170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, JOHN
3461-B FAIRLANE FARMS RD.
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GILBERT, LEWIS
Address: 1329 FISHERS PL
City-St-Zip: WEST PALM BEACH, FL 33413

Title: PD () Delete
Name: GRUBER, MICHAEL
Address: 1447 FAIRWAY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: SD () Delete
Name: HAZEN-VALVD, NATASHA
Address: 1468 FAIRWAY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D () Delete
Name: JONES, STEVEN
Address: 1240 OLYMPIC CIR
City-St-Zip: WEST PALM BEACH, FL 33413

Title: TD () Delete
Name: FINCH, JAMES
Address: 126F4 OLYMPIC CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HAZEN-VALVO, NATASHA
Address: 1468 FAIRWAY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BOWERS III, RICHARD
Address: 1406 BETHPAGE WAY
City-St-Zip: GREENACRES, FL 33413

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL GRUBER

PD

01/30/2009

Electronic Signature of Signing Officer or Director

Date