2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007137

FILED Apr 03, 2009 Secretary of State

Entity Name: FAIRWAY VIEWS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O 7932 WILES ROAD CORAL SPRINGS, FL 33067 **Current Mailing Address: New Mailing Address:** C/O 7932 WILES ROAD CORAL SPRINGS, FL 33067 FEI Number: 65-0836728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY **SUITE #103** FT. LAUDERDALE, FL 33309 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LINDERMAN, VANESSA LINDERMAN, VANESSA Name: Name: 3923 NW 89 AVE Address: 3923 NW 89 AVE Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065 Title: () Delete Title: () Change () Addition FAIRWEATHER, ANTHONY Name: Name: Address: 3948 NW 89T AVE Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: DP () Delete Title: (X) Change () Addition SYMON, LORRAINE SYMON, LORRAINE Name: Name: 3914 NW 88 TERRACE Address: Address: 3914 NW 88 TERRACE City-St-Zip: POMPANO BEACH, FL 33067 City-St-Zip: POMPANO BEACH, FL 33067 Title: () Delete Title: VΡ (X) Change () Addition Name: SRCH, JAMES Name: SRCH, JAMES 3935 NW 89TH AVE Address: 3935 NW 89TH AVE Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065 Title: () Delete Title: () Change (X) Addition BERTONE, ELIZABETH Name: Name: 3932 NW. 89TH AVENUE Address: Address: City-St-Zip: City-St-Zip: CORAL SPRINGS, FL 33065

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: VANESSA LINDEMAN P 04/03/2009