
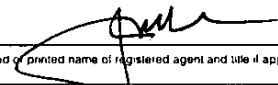
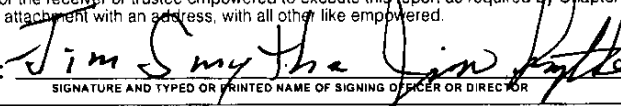


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90046 023 ****61.25

DOCUMENT # N98000007176 1. Entity Name FAIRWAY COMMONS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2180W. ST RD. 434 SUITE 5000 LONGWOOD, FL 32779-5044			Mailing Address 2180W. ST RD. 434 SUITE 5000 LONGWOOD, FL 32779-5044		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0893738	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HART, JAMES W JR. 2180 W. SR 434 - STE. 5000 LONGWOOD, FL 32779-5044				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 4/2/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PVD TOKARZ, CHARLES P O BOX 380758 MURDOCK, FL 33938	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	SMYTHE, JIM 3514 ROYAL PALM DR NORTH PORT FL 34288	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORSE, CAROLYN A 7419 39TH CT E SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	SANTUCCI, LARRY 3464 ROYAL PALM DR NORTH PORT FL 34288	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAUGE, GERRY 2569 SILVER PALM ROAD NORTH PORT, FL 34288	<input checked="" type="checkbox"/> Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	MATTHEW LAWSON 1989 Coconut Palm Cir. North port, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUNN, BOB 1676 PALMETTO PALM WAY NORTH PORT, FL 34288	<input checked="" type="checkbox"/> Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	WHITE, MAUREEN 3013 ROYAL PALM DR NORTH PORT FL 34288	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, STEVE 2620 ROYAL PALM DRIVE NORTH PORT, FL 34288	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SUMNER, HAL 2857 ROYAL PALM DR NORTH PORT FL 34288	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SUMNER, HAL 2857 ROYAL PALM DR NORTH PORT FL 34288	<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 607, 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: 3/24/07 DAYTIME PHONE: 941-423-3941 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					