



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90257 006 ****61.25

DOCUMENT # N99000004030 1. Entity Name FAIRWAY VILLAS OWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 2596 SANTA ROSA BEACH, FL 32459			Mailing Address PO BOX 2596 SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business PO Box 4946 Suite, Apt. #, etc.		3. Mailing Address PO Box 4946 Suite, Apt. #, etc.			
City & State SEASIDE FL		City & State SEASIDE FL		4. FEI Number 01-0671032	
Zip 32459		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKLIN H WATSON, P.A. 5365 E HWY 30-A STE 105 SEAGROVE BEACH, FL 32459				7. Name and Address of New Registered Agent Name DAVID LEUTE Street Address (P.O. Box Number is Not Acceptable) 59 Canal St City Santa Rosa Beach FL Zip Code 32459	
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 David Leute Assoc Mgr DATE 5/1/06 <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, 2006		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	PRES PETROVICH, MICHAEL 216 MASTER COURT SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR. DORATHY, JULIE 188 MASTERS COURT SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Nesset, Mike 166 Masters Ct Santa Rosa Beach FL 32459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BETTY, KRIKA 23MASTERS COURT SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL JERRY, DEJARDINES 200 MASTERS COURT SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Johnston, Linda 80 Masters Ct Santa Rosa Beach FL 32459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL PIERCE, RANDALL 16 MASTERS COURT SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Bell, Sue 210 Masters Ct Santa Rosa Beach FL 32459	<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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input 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 registered agent 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: Mike Nesset 5/1/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					