


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90016 039 ****61.25

DOCUMENT # N99000005501					
1. Entity Name FAIRWAY TRACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1706 FAIRWAY TRACE PALMETTO, FL 34221			Mailing Address 4301-32ND ST W A-20 BRADENTON, FL 34205		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0990906	
				Applied For <input type="checkbox"/> Not Applicable	
				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		
C&S CONDO MGMT. 4301 32ND ST. W A-20 BRADENTON, FL 34205			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	S SMITH, RUTH A <input checked="" type="checkbox"/> Delete		TITLE	Jayne DiGiovanni, Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	1608 FAIRWAY TRACE		NAME	1714 Fairway Trace	
STREET ADDRESS	PALMETTO, FL 34221		STREET ADDRESS	Palmetto FL 34221	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD RICHARDS, GLORIA <input checked="" type="checkbox"/> Delete		TITLE	VP Glenn Shields <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	1606 FAIRWAY TRACE		NAME	1704 Fairway Trace	
STREET ADDRESS	PALMETTO, FL 34221		STREET ADDRESS	Palmetto FL 34221	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P SIMPSON, JOHN <input checked="" type="checkbox"/> Delete		TITLE	Sec - Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	1715 FAIRWAY TRACE		NAME	Connie Lewis	
STREET ADDRESS	PALMETTO, FL 34221		STREET ADDRESS	1702 Fairway Trace	
CITY-ST-ZIP			CITY-ST-ZIP	Palmetto FL 34221	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					