

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739677

**Entity Name:** FAIRWAY VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12214 SNEAD PLACE  
TAMPA, FL 33624

**Current Mailing Address:**

PO BOX 273765  
TAMPA, FL 33688-3765 US

**FEI Number:** 59-2076207

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBINSON, DEAN SAMUEL  
12214 SNEAD PLACE  
TAMPA, FL 33624 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:** DEAN S. ROBINSON

03/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WIENER, TODD  
Address        11919 NICKLAUS CIRCLE  
City-State-Zip: TAMPA FL 33624

Title            OTHER  
Name            KRABBE, MYRIAM  
Address        11902 TREVINO PLACE  
City-State-Zip: TAMPA FL 33624

Title            OTHER  
Name            DUNCAN, LARA  
Address        11706 PALMER DRIVE  
City-State-Zip: TAMPA FL 33624

Title            VP  
Name            BELL, ED  
Address        12010 TREVINO PLACE  
City-State-Zip: TAMPA FL 33624

Title            TREASURER  
Name            ROBINSON, DEAN SAMUEL  
Address        12214 SNEAD PLACE  
City-State-Zip: TAMPA FL 33624

Title            SECRETARY  
Name            GILLETT, TRACEY  
Address        12007 TREVINO PLACE  
City-State-Zip: TAMPA FL 33624

Title            OTHER  
Name            KLOTZ, GARETH  
Address        12006 TREVINO PLACE  
City-State-Zip: TAMPA FL 33624

Title            OTHER  
Name            MARTINEZ, GERALD  
Address        11708 PALMER DRIVE  
City-State-Zip: TAMPA FL 33624

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*I hereby 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 all other like empowered.*

**SIGNATURE:** DEAN SAMUEL ROBINSON

TREASURER

03/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            AT LARGE MEMBER  
Name            HARMELING, GLENDA  
Address        11714 PALMER DRIVE  
City-State-Zip: TAMPA FL 33624-4546