

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749390

Entity Name: FAIRWAY VILLAS PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5640 MASHIE CIRCLE
NORTH PORT, FL 34287**Current Mailing Address:**5640 MASHIE CIRCLE
NORTH PORT, FL 34287 US**FEI Number:** 59-2112217**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL, NANCY D
5640 MASHIE CIRCLE
NORTH PORT, FL 34287 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**Officer/Director Detail :**

Title	DIRECTOR
Name	BROWN, JANE
Address	5585 BRASSY LOOP
City-State-Zip:	NORTH PORT FL 34287

Title	TREASURER
Name	ARNOLD, WILLIAM
Address	5485 BRASSY LOOP
City-State-Zip:	NORTH PORT FL 34287

Title	D
Name	PACIFICO, CAROL
Address	5128 LINKSMAN PLACE
City-State-Zip:	NORTH PORT FL 34287

Title	DIRECTOR
Name	BURVILL, PETER
Address	5400 NIBLICK PLACE
City-State-Zip:	NORTH PORT FL 34287

Title	PRESIDENT
Name	CIHA, THOMAS
Address	5918 BEAUMONT LOOP
City-State-Zip:	NORTH PORT FL 34287

Title	VP
Name	LOEWE, KAREN
Address	5581 LINKSMAN
City-State-Zip:	NORTH PORT FL 34287

Title	SECRETARY
Name	BORTZ, BEVERLY
Address	5748 NIBLICK PLACE
City-State-Zip:	NORTH PORT FL 34287

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: THOMAS CIHA**PRESIDENT****02/12/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date