


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90018 015 ****61.25

DOCUMENT # 752879

1. Entity Name
FAIRWAY OAKS AT TUSCAWILLA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 52 E SOUTH ST.
 % DON ASHER & ASSOC
 ORLANDO, FL 32801

Mailing Address
 52 E SOUTH ST.
 % DON ASHER & ASSOC
 ORLANDO, FL 32801

54032786



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03262004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-2130018

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DON ASHER & ASSOCIATES, INC.
 52 EAST SOUTH ST
 ORLANDO, FL 32801

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	SHULMAN, ANDREW	
STREET ADDRESS	1219 ROYAL OAK DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SHAW, THOMAS	
STREET ADDRESS	1240 ROYAL OAK DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COLE, JOSEPHINE	
STREET ADDRESS	1228 ROYAL OAK DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HELENTAL, DONALD	
STREET ADDRESS	1244 ROYAL OAK DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Shaw	
STREET ADDRESS	1240 Royal Oak Drive	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Helethal	
STREET ADDRESS	1244 Royal Oak Dr.	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Kinsley	
STREET ADDRESS	1234 Oxbow Lane	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Rudy	
STREET ADDRESS	1214 Royal Oak Dr.	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas C Shaw **3/31/04** **407-425-1974**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #