


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 08, 2006 8:00 am**  
**Secretary of State**

06-08-2006 90002 034 \*\*\*\*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**

2. Principal Place of Business  
**1801 Cook Avenue**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1801 Cook Avenue**  
 Suite, Apt. #, etc.

City & State  
**Orlando Florida**

City & State  
**Orlando Florida**

Zip  
**32806** Country **Orange**

Zip  
**32806** Country **Orange**

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 **Steven D. Asher**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1801 Cook Avenue**  
 City **Orlando** FL Zip Code **32806**

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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	D	<input type="checkbox"/> Delete
NAME	SWYERS, SANDY	
STREET ADDRESS	1221 ROYAL OAK DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NASH, KATHLEEN	
STREET ADDRESS	1220 ROYAL OAKS DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KINSLEY, FRANK	
STREET ADDRESS	1234 OXBOW LANE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GENTRY, SUSAN	
STREET ADDRESS	1246 ROYAL OAK DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	
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	
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 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:** *Frank C. Kinsley* **FRANK C. KINSLEY, PRESIDENT** 6-2-2006 407-359-1384  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

40000000



04282006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2130018 Applied For Not Applicable

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