

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90014 037 ****61.25

40114264



04262007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2130018** Applied For Not Applicable

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

DOCUMENT # 752879
 1. Entity Name
FAIRWAY OAKS AT TUSCAWILLA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1801 COOK AVENUE
 ORLANDO, FL 32806**

Mailing Address
**1801 COOK AVENUE
 ORLANDO, FL 32806**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 Zip Country

6. Name and Address of Current Registered Agent
**ASHER, STEVEN D
 1801 COOK AVENUE
 ORLANDO, FL 32806**

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 _____ 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, 2007

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHULMAN, ANDREW			NAME			
STREET ADDRESS	1219 ROYAL OAK DRIVE			STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWYERS, SANDY			NAME			
STREET ADDRESS	1221 ROYAL OAK DRIVE			STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NASH, KATHLEEN			NAME			
STREET ADDRESS	1220 ROYAL OAKS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINSLEY, FRANK			NAME			
STREET ADDRESS	1234 OXBOW LANE			STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENTRY, SUSAN			NAME			
STREET ADDRESS	1246 ROYAL OAK DRIVE			STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708			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: Frank Kinsley President 5-4-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #