
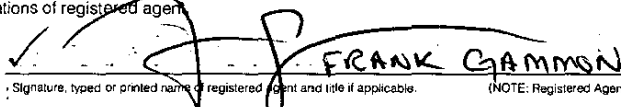
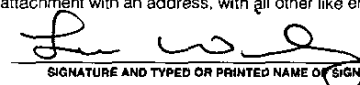


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90001 040 \*\*\*\*61.25

<b>DOCUMENT # N36887</b>							
1. Entity Name <b>FAIRWAYS AT ROLLING HILLS HOMEOWNERS ASSOCIATION, INC.</b>							
Principal Place of Business 206 N 3RD ST LEESBURG, FL 34788 US			Mailing Address 206 N 3RD ST LEESBURG, FL 34788 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number <b>59-2995391</b>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>BROWN, RONALD D</b> 8524 NE 136TH AVE LADY LAKE, FL 32159			Name <b>FRANK GAMMON</b>				
			Street Address (P.O. Box Number is Not Acceptable) <b>301 N US HWY 27, STE G</b>				
			City <b>CLEMMONT</b>		FL	Zip Code <b>34711</b>	
			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:  <b>FRANK GAMMON</b>			DATE: <b>3/10/04</b>				
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete		TITLE	P, D		
NAME	BROWN, RONALD D.			NAME	FRANK GAMMON		
STREET ADDRESS	5023 CR 125			STREET ADDRESS	301 N US HWY 27, STE G		
CITY-ST-ZIP	WILDWOOD, FL 34785			CITY-ST-ZIP	CLEMMONT, FL 34711		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE			
NAME	HOPKINS, MICKEY A.			NAME			
STREET ADDRESS	34213 WASHINGTON ST			STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34788			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE			
NAME	WILEY, LEE			NAME			
STREET ADDRESS	206 N 3RD ST			STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34788			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE			
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 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: 				Date: <b>3-6-04</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <b>352-787-8582</b>			

**54017011**



03062004 Chg-NP CR2E037 (10/03)