



2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N36887 1. Entity Name FAIRWAYS AT ROLLING HILLS HOMEOWNERS ASSOCIATION, INC.						FILED 06 JUL 31 AM 11:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 301 N. U.S. HWY. 27 SUITE G CLERMONT, FL 34714 US				Mailing Address 301 N. U.S. HWY. 27 SUITE G CLERMONT, FL 34714 US						
2. Principal Place of Business 9526 C.R. 125C Suite, Apt. #, etc. Wildwood, FL City & State 34785 Zip		3. Mailing Address PO Box 1535 Suite, Apt. #, etc. Wildwood, FL City & State		06272006 Chg-NP CR2E037 (4/06)		4. FEI Number 59-2995391		Applied For <input type="checkbox"/> Not Applicable		
Country USA		Zip 34785-1535		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent GAMMON, FRANK 301 N. US HWY 27 STE B CLERMONT, FL 34711					7. Name and Address of New Registered Agent Name James E. Wade III Street Address (P.O. Box Number is Not Acceptable) 116 Bushnell Plaza City Bushnell FL Zip Code 33513					
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 James E. Wade III <small>Signature, typed or printed name of registered agent and title if applicable.</small>					James E. Wade <small>(NOTE: Registered Agent signature required when reinstating)</small>					DATE 7/28/06
Amended AR is \$61.25			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 PVD NAME GAMMONS, FRANK <input checked="" type="checkbox"/> Delete STREET ADDRESS 301 N US HWY 27 STE G CITY-ST-ZIP CLERMONT, FL 34711					TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Elwood March STREET ADDRESS 9526 County Road 125C CITY-ST-ZIP Wildwood, FL 34785					
TITLE VPD NAME BEATY, FRANK <input checked="" type="checkbox"/> Delete STREET ADDRESS 301 N. U.S. HWY. 27 STE G CITY-ST-ZIP CLERMONT, FL 34714					TITLE Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Albert Brown STREET ADDRESS 9292 County Road 125D CITY-ST-ZIP Wildwood, FL 34785					
TITLE STD NAME SUSAN, NORTHCUTT <input checked="" type="checkbox"/> Delete STREET ADDRESS 301 N. U.S. HWY. 27 STE G CITY-ST-ZIP CLERMONT, FL 34714					TITLE Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Michael Shannon STREET ADDRESS 9551 County Road 125C CITY-ST-ZIP Wildwood, FL 34785					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP					TITLE Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Debra Miller STREET ADDRESS 1576 Bella Cruz Drive #334 CITY-ST-ZIP Lady Lake, FL 32159					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP					TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Richard Carr STREET ADDRESS 5110 County Road 125A CITY-ST-ZIP Wildwood, FL 34785					
TITLE <input type="checkbox"/> Delete 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: Elwood F. March (ELWOOD F. MARCH), PRES. 7/28/06 (352) 330-0855 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>										