## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000004491

Entity Name: FAIRWAY HILLS HOMEOWNERS ASSOCIATION, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

225 S. WESTMAONTE DR #2050

ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

P.O. BOX 161606 P.O. BOX 162147

ALTAMONTE SPRINGS, FL 327161606 US ALTAMONTE SPRINGS, FL 327162147 US

FEI Number: 59-3207904 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOMACK, ELLEN 225 S. WESTMONTE DR STE 2050 ALTAMONTE SPRINGS, FL 32714

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DT (X) Change ( ) Addition Name: OVERTON, WAYNE Name: CUMMING, LELAND

Address: 324 FERNHILL DR Address: 336 FERNHILL DRIVE
City-St-Zip: DEBARY, FL 32713 City-St-Zip: DEBARY, FL 32713

Title: DT ( ) Delete Title: D (X) Change ( ) Addition Name: COOK, GILBERT Name: GLOMB, RICHARD

 Name:
 COOK, GILBERT
 Name:
 GLOMB, RICHARD

 Address:
 300 FERNHILL DR
 Address:
 371 FOXHILL DRIVE

 City-St-Zip:
 DEBARY, FL 32713
 City-St-Zip:
 DEBARY, FL 32713

Title: DVP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 PAVEK, BRAD
 Name:
 PAVEK, BRAD

 Address:
 359 FOXHILL DR
 359 FOXHILL DR

 City-St-Zip:
 DEBARY, FL 32713
 City-St-Zip:
 DEBARY, FL 32713

Title: DS ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GREGORY, JOANNE
 Name:

 Address:
 451 FOXHILL DR
 Address:

 City-St-Zip:
 DEBARY, FL 32713
 City-St-Zip:

Name: BRITT, BILL Name: QUIRK, BILL

 Address:
 487 FOXHILL DR
 Address:
 413 FENWICK COURT

 City-St-Zip:
 DEBARY, FL 32713
 City-St-Zip:
 DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRAD PAVEK P 04/29/2004