2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004491

FILED Apr 13, 2005 Secretary of State

Entity Name: FAIRWAY HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

225 S. WESTMAONTE DR 225 S. WESTMAONTE DR

#2050 #3310

ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

P.O. BOX 162147

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 WOMACK, ELLEN 225 S. WESTMONTE DR 225 S. WESTMONTE DR

STE 2050 STE 3310

ALTAMONTE SPRINGS, FL 32714 US ALTAMONTE SPRINGS, FL 32714 US

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: 04/13/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

CUMMING, LELAND Name: Name: 336 FERNHILL DRIVE Address: Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip:

Title: () Delete Title: DVP (X) Change () Addition GLOMB, RICHARD Name: GLOMB, RICHARD Name:

Address: 371 FOXHILL DRIVE Address: 371 FOXHILL DRIVE City-St-Zip: DEBARY, FL 32713 City-St-Zip: DEBARY, FL 32713

Title: DP () Delete Title: (X) Change () Addition PAVEK, BRAD QUIRK, BILL Name: Name:

359 FOXHILL DR 413 FENWICK COURT Address: Address:

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

(X) Change () Addition Title: DS () Delete Title: DS GREGORY, JOANNE Name: Name: COOK, KAREN

300 FERNHILL DRIVE Address: 451 FOXHILL DR Address: DEBARY, FL 32713 City-St-Zip: DEBARY, FL 32713 City-St-Zip:

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

QUIRK, BILL SLEMP, C.B. Name: Name:

413 FENWICK COURT 408 FENWICK COURT Address: Address: DEBARY, FL 32713 DEBARY, FL 32713 City-St-Zip: City-St-Zip:

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: ELLEN WOMACK Α 04/13/2005