

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006
Secretary of State

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Entity Name: FAIRWAY HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMAONTE DR
#3310
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

WOMACK, ELLEN
225 S. WESTMONTE DR
STE 3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Title: DT () Delete
Name: CUMMING, LELAND
Address: 336 FERNHILL DRIVE
City-St-Zip: DEBARY, FL 32713

Title: DVP () Delete
Name: GLOMB, RICHARD
Address: 371 FOXHILL DRIVE
City-St-Zip: DEBARY, FL 32713

Title: DP () Delete
Name: QUIRK, BILL
Address: 413 FENWICK COURT
City-St-Zip: DEBARY, FL 32713

Title: DS () Delete
Name: COOK, KAREN
Address: 300 FERNHILL DRIVE
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: SLEMP, C.B.
Address: 408 FENWICK COURT
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: COOK, KAREN
Address: 300 FERNHILL DRIVE
City-St-Zip: DEBARY, FL 32713

Title: DVP (X) Change () Addition
Name: EVANS, TRACY
Address: 367 FOXHILL DRIVE
City-St-Zip: DEBARY, FL 32713

Title: DP (X) Change () Addition
Name: COX, FLOYD
Address: 479 FOXHILL DRIVE
City-St-Zip: DEBARY, FL 32713

Title: DS (X) Change () Addition
Name: GUNSAULLUS, MARILYN
Address: 347 FOXHILL DRIVE
City-St-Zip: DEBARY, FL 32713

Title: D (X) Change () Addition
Name: HANSEN, DEAN
Address: 394 FOXHILL DRIVE
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 Chapter 119, 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

A

03/09/2006

Electronic Signature of Signing Officer or Director

_____ Date