

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004491

FILED
Apr 19, 2007
Secretary of State

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:

WOMACK, ELLEN R
225 S. WESTMONTE DR
STE 3310
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: ELLEN R. WOMACK

04/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Delete
Name: HANSEN, DEAN
Address: 394 FOXHILL DRIVE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: HURLBUTT, JOHN
Address: 466 FOXHILL DRIVE
City-St-Zip: DEBARY, FL 32713

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: MCAULIFFE, MIKE
Address: 446 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 R. WOMACK

A

04/19/2007

Electronic Signature of Signing Officer or Director

Date