

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004491

FILED
Apr 28, 2008
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 R
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: HURLBUTT, JOHN
Address: 466 FOXHILL DRIVE
City-St-Zip: DEBARY, FL 32713

Title: D () 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: DVP (X) Delete
Name: MCAULIFFE, MIKE
Address: 446 FOXHILL DRIVE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: PEDRO, JOE
Address: 363 FOXHILL DRIVE
City-St-Zip: DEBARY, FL 32713

Title: DS (X) Change () Addition
Name: SPERANZA, LINDA
Address: 443 FOXHILL DRIVE
City-St-Zip: DEBARY, FL 32713

Title: DP (X) Change () Addition
Name: MCAULIFFE, MIKE
Address: 446 FOXHILL DRIVE
City-St-Zip: DEBARY, FL 32713

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

I hereby certify that the information supplied with this filing does not qualify 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: MIKE MCAULIFFE

DP

04/28/2008

Electronic Signature of Signing Officer or Director

Date