

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004491

FILED
Apr 28, 2009
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:

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

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: DV () Delete
Name: PEDRO, JOE
Address: 363 FOXHILL DRIVE
City-St-Zip: DEBARY, FL 32713

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: QUIRK, WILLIAM
Address: 413 FENWICK CT
City-St-Zip: DEBARY, FL 32713

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

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

Title: DT (X) Change () Addition
Name: GLOMB, SHIRLEY
Address: 402 FOXHILL DRIVE
City-St-Zip: DEBARY, FL 32713

Title: D () Change (X) Addition
Name: RAPE, JOHN
Address: 404 FENWICK CT
City-St-Zip: DEBARY, FL 32713

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: WILLIAM QUIRK

DP

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date