


FILE NOW: FILING FEE IS \$61.25

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Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90015 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002103

1. Corporation Name
FAWN COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 3675 PARKWAY DRIVE MELBOURNE FL 32934	Mailing Address 3675 PARKWAY DRIVE MELBOURNE FL 32934
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/18/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3376986
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Zip 29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 25	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MCKINLEY, JOHN A 3480 DEER TRAIL MELBOURNE FL 32934	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE *[Signature]* 5/10/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCKINLEY, JOHN A		1.2 NAME	
STREET ADDRESS 4927 FLORA DR		1.3 STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL 32934		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONNOR, DOUG		2.2 NAME	
STREET ADDRESS 3675 PARKWAY DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL 32934		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, KAREN		3.2 NAME	
STREET ADDRESS 5055 SMITHFIELD		3.3 STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL 32934		3.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GERISON, GARY M		4.2 NAME	
STREET ADDRESS 2641 CROOKED ANTLER DR		4.3 STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL 32934		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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, trustee, empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* 5/10/99 (407) 723-7357
Signature and typed or printed name of signing officer or director Date Daytime phone #

CR2E037 (1/198)