


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000002103
 1. Entity Name
FAWN COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2670 CROOKED ANTLER
 MELBOURNE, FL 32934**

Mailing Address
**2670 CROOKED ANTLER
 MELBOURNE, FL 32934**



01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3376986

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HEFFMAN, MICHAEL
 2670 CROOKED ANTLER DR
 MELBOURNE, FL 32934**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, KEVIN 2491 CROOKED ANTLER MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, MICHAEL 2670 CROOKED ANTLER MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTELLO, SCOTT 2630 CROOKED ANTLER MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYES, KEVIN 2491 CROOKED ANTLER DR MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOFFMAN, MICHAEL 2670 CROOKED ANTLER MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 03/02/06 80019-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **2-21-06** **3212597882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #