
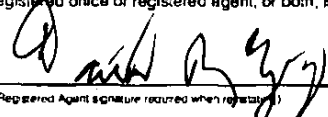


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

2/ **FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90102 015 \*\*\*\*61.25

<b>DOCUMENT # N96000002103</b>			
1. Entity Name <b>FAWN COVE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>2670 CROOKED ANTLER MELBOURNE, FL 32934</b>		Mailing Address <b>2670 CROOKED ANTLER MELBOURNE, FL 32934</b>	
2. Principal Place of Business - No P.O. Box # <b>2641 Crooked Antler Dr.</b>		3. Mailing Address <b>2641 Crooked Antler Dr.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Melbourne, FL</b>		City & State <b>Melbourne, FL</b>	
Zip <b>32934</b>		Zip <b>32934</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3376986</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>HEFFMAN, MICHAEL 2670 CROOKED ANTLER DR MELBOURNE, FL 32934</b>		7. Name and Address of New Registered Agent Name <b>Murphy, Daniel</b> Street Address (P.O. Box Number is Not Acceptable) <b>2641 CROOKED ANTLER DR</b> City <b>MELBOURNE</b> FL Zip Code <b>32934</b>	
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 <b>Daniel Murphy, Treasurer</b>  <b>1-31-2007</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYES, KEVIN</b> <b>2491 CROOKED ANTLER</b> <b>MELBOURNE, FL 32935</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIV</b> <b>SELNER, BOB</b> <b>2460 CROOKED ANTLER DR</b> <b>Melbourne, FL 32934</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOFFMAN, MICHAEL</b> <b>2670 CROOKED ANTLER</b> <b>MELBOURNE, FL 32935</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COSTELLO, SCOTT</b> <b>2630 CROOKED ANTLER</b> <b>MELBOURNE, FL 32935</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIS</b> <b>Costello, Scott</b> <b>2630 Crooked Antler Dr.</b> <b>Melbourne, FL 32934</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HAYES, KEVIN</b> <b>2491 CROOKED ANTLER DR</b> <b>MELBOURNE, FL 32934</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOFFMAN, MICHAEL</b> <b>2670 CROOKED ANTLER</b> <b>MELBOURNE, FL 32934</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>Murphy, Daniel</b> <b>2641 Crooked Antler Dr.</b> <b>Melbourne, FL 32934</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.