

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002103

FILED
Mar 18, 2009
Secretary of State

Entity Name: FAWN COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2641 CROOKED ANTLER DR.
MELBOURNE, FL 32934

New Principal Place of Business:

2670 CROOKED ANTLER DR.
MELBOURNE, FL 32934

Current Mailing Address:

2641 CROOKED ANTLER DR.
MELBOURNE, FL 32934

New Mailing Address:

2670 CROOKED ANTLER DR.
MELBOURNE, FL 32934

FEI Number: 59-3376986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, MICHAEL
1617 CODING AVE
MELBOURNE, FL 32935 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: D () Delete
Name: HAYES, KEVIN
Address: 2491 CROOKED ANTLER
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: HOFFMAN, MICHAEL
Address: 2670 CROOKED ANTLER
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: COSTELLO, SCOTT
Address: 2630 CROOKED ANTLER
City-St-Zip: MELBOURNE, FL 32935

Title: P () Delete
Name: HAYES, KEVIN
Address: 2491 CROOKED ANTLER DR
City-St-Zip: MELBOURNE, FL 32934

Title: T () Delete
Name: HOFFMAN, MICHAEL
Address: 2670 CROOKED ANTLER
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MICHAEL HOFFMAN

D

03/18/2009

Electronic Signature of Signing Officer or Director

Date