

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002103

FILED
Feb 15, 2010
Secretary of State

Entity Name: FAWN COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2670 CROOKED ANTLE DR.
MELBOURNE, FL 32934

New Principal Place of Business:

2670 CROOKED ANTLE DR.
MELBOURNE, FL 32934

Current Mailing Address:

2670 CROOKED ANTLE DR.
MELBOURNE, FL 32934

New Mailing Address:

2670 CROOKED ANTLE 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:

HOFFMAN, MICHAEL
1617 COOLING AVE
MELBOURNE, FL 32935 US

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: MICHAEL J HOFFMAN

02/15/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SELNER, ROBERT
Address: 2460 CROOKED ANTLE DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: T
Name: HOFFMAN, MICHAEL
Address: 2670 CROOKED ANTLE DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: S
Name: COSTELLO, SCOTT
Address: 2630 CROOKED ANTLE DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: VP
Name: VERBERG, SUSAN
Address: 2490 CROOKED ANTLE DR
City-St-Zip: MELBOURNE, FL 32934

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL J HOFFMAN

T

02/15/2010

Electronic Signature of Signing Officer or Director

Date