

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90051 007 ****61.25

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1. Entity Name

**THE PRESERVE AT FAIRWAY OAKS HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business

10730 US 19
SUITE 17
PORT RICHEY FL 34668
US

Mailing Address

10730 US 19
SUITE 17
PORT RICHEY FL 34668
US

04023044



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3185421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUALIFIED PROPERTY MAN. INC.
10730 US 19
SUITE 17
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☒ Delete
NAME ~~WARNER, J. BRYN~~
STREET ADDRESS ~~13748 BRYNDLEWOOD COURT~~
CITY-ST-ZIP ~~HUDSON FL~~

TITLE ~~VD~~ ☒ Delete
NAME ~~CANNAZARO, ELIZABETH~~
STREET ADDRESS ~~9205 HAAS DR~~
CITY-ST-ZIP ~~HUDSON FL~~

TITLE ~~SD~~ ☐ Delete
NAME JOHNSON, JUDY
STREET ADDRESS 9141 HALBERG DR
CITY-ST-ZIP HUDSON FL

TITLE ~~ID~~ ☐ Delete
NAME CAPPELLI, QUIDO
STREET ADDRESS 13651 BRYNDLEWOOD COURT
CITY-ST-ZIP HUDSON FL

TITLE ~~PD~~ ☐ Delete
NAME GILBERT, HARRIET
STREET ADDRESS 13746 STONERIDGE DR
CITY-ST-ZIP HUDSON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~D~~ ☐ Change ☒ Addition
NAME Raddatz, Pam
STREET ADDRESS 9512 Epsi Court
CITY-ST-ZIP Hudson, FL

TITLE ~~D~~ ☐ Change ☒ Addition
NAME Gershenson, Barbara
STREET ADDRESS 9316 Creekside Court
CITY-ST-ZIP Hudson, FL

TITLE ~~P/D~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~V/T/D~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~S/D~~ ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Judy Johnson **Judy Johnson, President** 4/5/04 (27) 863-3343