


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90092 001 ****61.25

| | | | | | |
|--|---------------------------------|---|--|---|---|
| DOCUMENT # N93000002356 1. Entity Name THE PRESERVE AT FAIRWAY OAKS HOMEOWNER'S ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 5401 SOUTH KIRKMAN ROAD SUITE 450 ORLANDO, FL 32819 US | | | Mailing Address 7625 LITTLE ROAD SUITE 315 NEW PORT RICHEY, FL 34654 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3185421 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| COMMUNITY MANAGEMENT PROFESSIONALS W., INC 7625 LITTLE ROAD SUITE 315 NEW PORT RICHEY, FL 34654 <i>New</i> | | | | 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 _____ (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. <input type="checkbox"/> \$5.00 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 | D | <input checked="" type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RADDATZ, PAM | | NAME | Henry Van Lest | |
| STREET ADDRESS | 9512 EPSI COURT | | STREET ADDRESS | 13733 Waggle Ct | |
| CITY-ST-ZIP | HUDSON, FL | | CITY-ST-ZIP | Hudson, FL 34669 | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GERSHENSON, BARBARA | | NAME | | |
| STREET ADDRESS | 9316 CREEKSIDE COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HUDSON, FL | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JOHNSON, JUDY | | NAME | | |
| STREET ADDRESS | 9141 HALBERG DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | HUDSON, FL | | CITY-ST-ZIP | | |
| TITLE | PTD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CAPPELLI, QUIDO | | NAME | | |
| STREET ADDRESS | 13651 BRYNDLEWOOD COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HUDSON, FL | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HETMAN, DON | | NAME | | |
| STREET ADDRESS | 13736 WAGGLE COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HUDSON, FL | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 another like empowered. | | | | | |
| SIGNATURE: <i>Judy Johnson</i> President | | | Date: <i>3/11/06</i> (727) 863-3343 | | |