

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25579

FILED
Apr 15, 2008
Secretary of State

Entity Name: FAIRWAY COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2898719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W. SR 434, SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: LYNCH, HELEN
Address: 6601 CRISTINA MARIE DR
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: WILLIS, PATRICK
Address: 8624 VENEZIA DR #2423
City-St-Zip: ORLANDO, FL 32810

Title: VPD () Delete
Name: JONES, WENDY
Address: 6623 ANDREA ROSE DR
City-St-Zip: ORLANDO, FL 32835

Title: SD (X) Delete
Name: LAVERGHETTA, JENNIFER
Address: 6643 CRENSHAW DR
City-St-Zip: ORLANDO, FL 32835

Title: TD () Delete
Name: SEGAL, LES
Address: 6650 CRENSHAW DR
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MOUTOUX, CHARLES
Address: 6609 CRENSHAW DR
City-St-Zip: ORLANDO, FL 32835

Title: SD (X) Change () Addition
Name: WRIGHT, CHARLES
Address: 6648 CHRISTINA MARIE DR
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Change () Addition
Name: JONES, WENDY
Address: 6623 ANDREA ROSE DR
City-St-Zip: ORLANDO, FL 32835

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

Title: PD (X) Change () Addition
Name: SEGAL, LES
Address: 6650 CRENSHAW DR
City-St-Zip: ORLANDO, FL 32835

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: LES SEGAL

PD

04/15/2008

Electronic Signature of Signing Officer or Director

Date