## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N29759

FILED Apr 01, 2009 Secretary of State

Entity Name: FAIRWAY OAKS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

8249 KRISTEL CIR 720 BROOKER CREEK BLVD.

PORT RICHEY, FL 34668 LIS 206

OLDSMAR, FL 34677

**Current Mailing Address: New Mailing Address:** 

8249 KRISTEL CIR 720 BROOKER CREEK BLVD. PORT RICHEY, FL 34668 US

206

OLDSMAR, FL 34677 US

FEI Number: 59-2929220 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MICK, JAMIE K SCANNAVINO, INC

8249 KRISTEL CIR 720 BROOKER CREEK BLVD.

C/O TAMPA BAY PROPERTY MANAGEMENT 206

PORT RICHEY, FL 34668 US OLDSMAR, FL 34677 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: DOMINICK SCANNAVINO 04/01/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TREA ( ) Delete (X) Change ( ) Addition

SCHREPEL, KRISTINA GILL, CLIFF Name: Name: 9220 IRONDALE LANE Address: 9264 WATER HAZARD DR. Address:

City-St-Zip: HUDSON, FL 34669 City-St-Zip: HUDSON, FL 34667

Title: VPD () Delete Title: (X) Change ( ) Addition

TODD, THOMAS Name: EDWIN, RICK Name: Address: 14149 FALDO COURT Address: 9448 HOLNWON CT. City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667

Title: () Delete Title: (X) Change ( ) Addition

MIKOLAJCZAK, MARGAURITE FREEMAN, RICHARD Name: Name: 14225 FOURSOME DRIVE Address: Address: 9425 HOLNWON CT. City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667

Title: ( ) Delete Title: SD (X) Change ( ) Addition

Name: HUNT, FRANK Name: FREEMAN, MURIEL 13909 PIMBERTON DR 9425 HOLNWON CT. Address: Address: City-St-Zip: HUDSON, FL 34669 City-St-Zip: HUDSON, FL 34667

Title: () Delete Title: (X) Change ( ) Addition

CORVENE, LEWIS OLIVER, JOE Name: Name:

9402 TOURNAMENT DR 14044 PIMBERTON DR. Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667

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: CLIFF GILL PD 04/01/2009