

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768823

Entity Name: FAIRWAY SPRINGS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3331 PLAYER DRIVE
NEW PORT RICHEY, FL 34655**Current Mailing Address:**3331 PLAYER DRIVE
NEW PORT RICHEY, FL 34655**FEI Number:** 59-2318151**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROBERT L. TANKEL P. A.
1022 MAIN ST.
SUITE D
DUNEDIN, FL 34698 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:** ROBERT L. TANKEL

03/28/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	MAXWELL, LINDA
Address	9828 ZAHARIAS CT.
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	VP
Name	PETERS, JEREMY
Address	3552 HOGAN DR.
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	T
Name	CATAPANO, ROBERT
Address	3423 RANKIN DR
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	S
Name	FLAMMIA, TOM
Address	3558 HOGAN DR.
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	D
Name	SKOP, MARIE
Address	3619 PLAYER DR.
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	D
Name	SCHWEIKHART, KATY
Address	9830 DIDRIKSON DR.
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	DIRECTOR
Name	HARRIS, GABY
Address	9902 STEPHENSON DR.
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	DIRECTOR
Name	LEWIS, NATALIE
Address	9915 PALMER DR.
City-State-Zip:	NEW PORT RICHEY FL 34655

Continues on page 2

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: ROBERT J. CATAPANO

TREASURER

03/28/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KINSEY, VICKI
Address	3636 HOGAN DR.
City-State-Zip:	NEW PORT RICHEY FL 34655