# 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N25579

Entity Name: FAIRWAY COVE HOMEOWNERS' ASSOCIATION, INC.

## **Current Principal Place of Business:**

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

### **Current Mailing Address:**

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

### FEI Number: 59-2898719

### Name and Address of Current Registered Agent:

HART, JAMES W JR. SENTRY MANAGEMENT, INC. 2180 W. SR 434, SUITE 5000 LONGWOOD, FL 32779 US Certificate of Status Desired: No

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.

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|---|--|---|---|------------|
| SIGNATURE                                   | : JAMES W HART JR  |   |   | 07/30/2014 |
|   | Electronic Signature of Registered Agent   |   |   | Date       |
| Officer/Director Detail :                   |  |   |   |            |
| Title                                       | PRESIDENT, DIRECTOR  | Title                                       | VP, DIRECTOR  |            |
| Name  | WILLIS, PATRICK  | Name  | KAUFMAN, DEREK  |            |
| Address                                     | 2180 WEST SR 434 STE 5000  | Address                                     | 2180 WEST SR 434 STE 5000   |            |
| City-State-Zip:                             | LONGWOOD FL 32779  | City-State-Zip:                             | LONGWOOD FL 32779   |            |
| Title<br>Name<br>Address<br>City-State-Zip: | SECRETARY, TREASURER,<br>DIRECTOR<br>KOSTANTINIDIS, JOANNE<br>2180 WEST SR 434 STE 5000<br>LONGWOOD FL 32779 | Title<br>Name<br>Address<br>City-State-Zip: | DIRECTOR<br>WISE, JERRY<br>2180 WEST SR 434 STE 5000<br>LONGWOOD FL 32779 |            |
| Title                                       | DIRECTOR   |   |   |            |
| Name  | FRIEDMAN, MICHAEL  |   |   |            |
| Address                                     | 2180 WEST SR 434 STE 5000  |   |   |            |
| City-State-Zip:                             | LONGWOOD FL 32779  |   |   |            |

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: PATRICK WILLIS

PRESIDENT

07/30/2014 Date

Electronic Signature of Signing Officer/Director Detail