### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004491

Entity Name: FAIRWAY HILLS HOMEOWNERS ASSOCIATION, INC.

**FILED** Apr 26, 2018 **Secretary of State** CC9139435313

# **Current Principal Place of Business:**

225 S WESTMONTE DR STE #3310

ALTAMONTE SPRINGS, FL 32714

# **Current Mailing Address:**

PO BOX 162147

ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-3207904 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT 225 S WESTMONTE DR #3310 ALTAMONTE SPRINGS, FL 32714 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:

Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

**PRESIDENT** Title Title

CRUMRINE, JOHN Name Name QUIRK, WILLIAM PO BOX 162147 PO BOX 162147 Address Address

City-State-Zip: City-State-Zip: ALTAMONTE SPRINGS FL 32716 ALTAMONTE SPRINGS FL 32716

Title Title **TREASURER SECRETARY** 

Name MCNAMARA, NANCY Name KANE, CHARLES

PO BOX 162147 PO BOX 162147 Address Address

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DIRECTOR, COMMUNITY RELATIONS Title DIRECTOR, ARC CHAIRMAN

DIRECTOR

Name ELAVSKY, MARIAN Name RENNA, MARY PO BOX 162147 Address Address PO BOX 162147

ALTAMONTE SPRINGS FL 32716 City-State-Zip: City-State-Zip: ALTAMONTE SPRINGS FL 32716

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: JOHN CRUMRINE

Electronic Signature of Signing Officer/Director Detail

Date