

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002103

Entity Name: FAWN COVE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 29, 2024
Secretary of State
2349917921CC

Current Principal Place of Business:

7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955

Current Mailing Address:

7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955

FEI Number: 59-3376986

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OMEGA COMMUNITY MANAGEMENT, INC.
7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LECLAIR, JOHN
Address 7145 TURNER ROAD
 SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name JOHNSON, NEAL
Address 7145 TURNER ROAD
 SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title SECRETARY
Name SELNER, DIANE
Address 7145 TURNER ROAD
 SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title TREASURER
Name HOFFMAN, MICHAEL
Address 7145 TURNER ROAD
 SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name HOWELL, ASHLEY
Address 7145 TURNER ROAD
 SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name MURPHY, LINDA
Address 7145 TURNER ROAD
 SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name HILLEBRAND, JOE
Address 7145 TURNER ROAD
 SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name TWEEDY, GENE
Address 7145 TURNER ROAD
 SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

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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: LECLAIR , JOHN

PRESIDENT

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCINNISH, WILLIAM
Address 7145 TURNER ROAD
 SUITE 101
City-State-Zip: ROCKLEDGE FL 32955