2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 729982

Entity Name: FAIRWAY HILLS ASSOCIATION, INC.

Current Principal Place of Business:

215 NW FAIRWAY HILLS GLENN
LAKE CITY, FL 320557273

New Principal Place of Business:

Current Mailing Address:

215 NW FAIRWAY HILLS GLENN
LAKE CITY, FL 320557273

New Mailing Address:

FEI Number: 59-1786066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DROSCHE, VIRGINIA
215 NW FAIRWAY HILLS GLEN #8
LAKE CITY, FL 320557266 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	LEMLEY, BRANDY	
Address:	215 NW FAIRWAY HILLS GLEN UNIT #23	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	VD	( ) Delete
Name:	MCKNIGHT, ED	
Address:	215 NW FAIRWAY HILLS GLEN UNIT #5	
City-St-Zip:	LAKE CITY, FL 320557266	
Title:	TD	( ) Delete
Name:	DROSCHE, VIRGINIA	
Address:	215 NW FAIRWAY HILLS GLEN #8	
City-St-Zip:	LAKE CITY, FL 320557266	
Title:	VD	( ) Delete
Name:	WOODBERRY, ED	
Address:	215 NW FAIRWAY HILLS GLEN UNIT #21	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	PD	( ) Delete
Name:	TURNER, DAN	
Address:	215 NW FARWAY HILLS GELN UNIT #2	
City-St-Zip:	LAKE CITY, FL 32055	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	TD	(X) Change ( ) Addition
Name:	DROSCHE, VIRGINIA	
Address:	215 NW FAIRWAY HILLS GLEN UNIT #8	
City-St-Zip:	LAKE CITY, FL 32055	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	MOORE, ANDREW	
Address:	P.O. BOX 1647	
City-St-Zip:	LAKE CITY, FL 32056	
Title:	VD	(X) Change ( ) Addition
Name:	STOCK, GEORGE	
Address:	215 NW FAIRWAY HILLS GLEN UNIT #18	
City-St-Zip:	LAKE CITY, FL 32055	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: VIRGINIA DROSCHE TRES 01/15/2009

Electronic Signature of Signing Officer or Director — Date