

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 13, 2007
Secretary of State**

DOCUMENT# 744549

Entity Name: FAIR OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

FAIR OAKS CIRCLE
533 N. NOVA ROAD, #211
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

FAIR OAKS CIRCLE
533 N. NOVA ROAD, #211
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-2066643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARIS, TERESA
533 N. NOVA ROAD, #211
ORMOND BEACH, FL 32174 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: P () Delete
Name: HOPES, DEBRA
Address: 5 FAIR OAKS CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST () Delete
Name: MC CLURE, COLLEEN
Address: 12 FAIR OAKS CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: DEICKE, CATHERINE
Address: 3 FAIR OAKS CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: SCHROEDER, MARILYN
Address: 15 FAIR OAKS CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: MELVIN, HELEN
Address: 18 FAIR OAKS CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: KENT, HENRY
Address: 7 FAIR OAKS CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: HOPES, DEBRA
Address: 5 FAIR OAKS CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD (X) Change () Addition
Name: MC CLURE, COLLEEN
Address: 12 FAIR OAKS CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD (X) Change () Addition
Name: DEICKE, CATHERINE
Address: 3 FAIR OAKS CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: COLLEEN MCCLURE

PD

03/13/2007

Electronic Signature of Signing Officer or Director

Date