

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744549

FILED  
Apr 29, 2008  
Secretary of State

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:**

313 SOUTH ATLANTIC AVE  
DAYTONA BEACH, FL 32118

**Current Mailing Address:**

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

**New Mailing Address:**

P. O. BOX 2749  
DAYTONA BEACH, FL 32115

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:**

FARIS, TERESA  
313 SOUTH ATLANTIC AVE  
DAYTONA BEACH, FL 32118 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:

04/29/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: DEBRA HOPES

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date