2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# 758846

Entity Name: THE FAIRWAYS AT SANDESTIN HOMEOWNERS ASSOCIATIONINC.

Current Principal Place of Business:

10221 HIGHWAY 98 W
SUITE 23
DESTIN, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY, W
SUITE 23
DESTIN, FL 32550

New Mailing Address:

FEI Number: 59-2133467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GELDER, JAY B
EMERALD COAST ASSOCIATION MGMT
10221 EMERALD COAST PARKWAY, W, STE. 23
DESTIN, FL 32550 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:	D	( ) Delete
Name:	BLANKENSHIP, JANE	
Address:	184 COVE DRIVE	
City-St-Zip:	SANDESTIN, FL 32550	
Title:	DT	( ) Delete
Name:	MURRELL, JEFF	
Address:	10090 PALASADE RIDGE DRIVE	
City-St-Zip:	COLORADO SPRINGS, CO 80920	
Title:	PD	( ) Delete
Name:	HATTAWAY, PAM	
Address:	256 EAGLE DR.	
City-St-Zip:	SANDESTIN, FL 32550	
Title:	VPD	( ) Delete
Name:	HOVER, DAN	
Address:	238 AUDUBON DRIVE	
City-St-Zip:	SANDESTIN, FL 32550	
Title:	SD	( ) Delete
Name:	BROWN, MARTIN	
Address:	5522 FIESTA DRIVE	
City-St-Zip:	MEMPHIS, TN 38120	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	BROWN, MARTIN	
Address:	168 COVE DRIVE	
City-St-Zip:	SANDESTIN, FL 32550	

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: PAM HATTAWAY PD 02/16/2009

Electronic Signature of Signing Officer or Director — Date