

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90026 026 ****61.25

DOCUMENT # 761165

1. Entity Name

**FAIRWAY OAKS AT DEER RUN HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**1436 FAIRWAY OAKS DR
CASSELBERRY FL 32707
US**

Mailing Address

**1436 FAIRWAY OAKS DR
CASSELBERRY FL 32707
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1560 ALMOND CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CASSELBERRY FL

Zip

Country

Zip

Country

32707

SEMINOLE

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2955288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HASTINGS, ROGER B
1436 FAIRWAY OAKS DR
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name **ARMSTRONG, SHARON L.**

Street Address (P.O. Box Number is Not Acceptable)

1560 ALMOND COURT

City

CASSELBERRY

FL

Zip Code

32707

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

SHARON L. ARMSTRONG

2/23/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BERTRAM, MARTY**
STREET ADDRESS **1461 FAIRWAY OAKS DR.**
CITY- ST- ZIP **CASSELBERRY FL 32707**

TITLE **P** ☐ Delete
NAME **BOUCKHUYT, TOBY**
STREET ADDRESS **1437 FAIRWAY OAKS DR.**
CITY- ST- ZIP **CASSELBERRY FL 32707**

TITLE **TD** ☒ Delete
NAME **HASTINGS, ROGER**
STREET ADDRESS **1436 FAIRWAY OAKS DR**
CITY- ST- ZIP **CASSELBERRY FL 32707**

TITLE **VP** ☐ Delete
NAME **HUNSICKER, RICH**
STREET ADDRESS **1464 FAIRWAY OAKS DR**
CITY- ST- ZIP **CASSELBERRY FL 32707**

TITLE **S** ☐ Delete
NAME **SALLYARDS, JALENE**
STREET ADDRESS **1416 FAIRWAY OAKS DR**
CITY- ST- ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **ARMSTRONG, SHARON**
STREET ADDRESS **1560 ALMOND CT**
CITY- ST- ZIP **CASSELBERRY FL 32707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SHARON L. ARMSTRONG

2/23/07 407-678-0510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #