2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# 761165

Entity Name: FAIRWAY OAKS AT DEER RUN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1436 FAIRWAY OAKS DR
CASSELBERRY, FL 32707 US

New Principal Place of Business:

1437 FAIRWAY OAKS DR
CASSELBERRY, FL 32707 US

Current Mailing Address:

1560 ALMOND CT
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-2955288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARMSTRONG, SHARON L
1560 ALMOND COURT
CASSELBERRY, FL 32707 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: BOUCKHUYT, TOBY
Address: 1437 FAIRWAY OAKS DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: TD ( ) Delete
Name: ARMSTRONG, SHARON
Address: 1560 ALMOND CT
City-St-Zip: CASSELBERRY, FL 32707

Title: VP ( ) Delete
Name: HUNSICKER, RICH
Address: 1464 FAIRWAY OAKS DR
City-St-Zip: CASSELBERRY, FL 32707

Title: S ( ) Delete
Name: SALLYARDS, JALENE
Address: 1416 FAIRWAY OAKS DR
City-St-Zip: CASSELBERRY, FL 32707

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:

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: SHARON L. ARMSTRONG TD 03/05/2009
Electronic Signature of Signing Officer or Director Date