

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762355

FILED  
Mar 21, 2007  
Secretary of State

Entity Name: FAIROAKS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

FEI Number: 59-2214945      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR.  
SENTRY MANAGEMENT, INC.  
2180 WEST SR 434, STE. 5000  
LONGWOOD, FL 327795044 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: PD ( ) Delete  
Name: MILLER, JOYCE  
Address: 1111 LAKESHORE DR C-5  
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete  
Name: WULFF, ANN  
Address: 1111 LAKESHORE DR #C3  
City-St-Zip: EUSTIS, FL 32726

Title: SD ( ) Delete  
Name: WARWICKE, AUDREY  
Address: 1111 LAKESHORE DR., A-6  
City-St-Zip: EUSTIS, FL 32726

Title: VPTD ( ) Delete  
Name: GLENN, PETER  
Address: 1111 LAKESHORE DR #C1  
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete  
Name: SANDERS, TOM  
Address: 1111 LAKESHORE DR #B5  
City-St-Zip: EUSTIS, FL 32726

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

Title: D (X) Change ( ) Addition  
Name: CARLSON, RICK  
Address: 1111 LAKESHORE DR #C-6  
City-St-Zip: EUSTIS, FL 32726

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

Title: VPD (X) Change ( ) Addition  
Name: WARWICKE, MIKE  
Address: 1111 LAKESHORE DR #A-6  
City-St-Zip: EUSTIS, FL 32726

Title: STD (X) Change ( ) Addition  
Name: GLENN, PETER  
Address: 1111 LAKESHORE DR #C-1  
City-St-Zip: EUSTIS, FL 32726

Title: PD (X) Change ( ) Addition  
Name: SANDERS, TOM  
Address: 1111 LAKESHORE DR #B5  
City-St-Zip: EUSTIS, FL 32726

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: TOM SANDERS

PD

03/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date