


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90001 002 ****61.25

DOCUMENT # 768823
 1. Entity Name
FAIRWAY SPRINGS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 3331 PLAYER DRIVE
 NEW PORT RICHEY, FL 34655

Mailing Address
 3331 PLAYER DRIVE
 NEW PORT RICHEY, FL 34655

50020319



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

01172006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2318151

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAY, CEDRIC P
 12312 U.S HWY 19 N
 HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	DP VENTO, JOHN 9832 ZAHARIAS CT NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PIERI, ROSS 9924 NICKLAUS DR NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SALZMANN, CHARLES 3613 SARAZEN DR NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, MARIE 3501 SARAZEN DR NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERAGHTY, FRAN 9833 ZAHARIAS CT. NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARDORN, STARLA 9803 SARAZEN DR NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ross Pieri 9924 Nicklaus Dr. New Port Richey FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Mark Barrett 3501 Sarazen Dr. New Port Richey FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Ken Olson 9806 Nicklaus Dr. New Port Richey FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Bridget Linville 9818 Didriksen Dr. New Port Richey FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ken Olson Ken Olson 5/30/06 727-815-7570
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #