


FILED
Aug 23, 2007 8:00 am
Secretary of State

07-19-2007 90022 045 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAY, CEDRIC P 12312 U.S HWY 19 N HUDSON, FL 34667		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PIERI, ROSS 9924 MCKLAWS DR. NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Marie Barrett 3501 Sarazen Dr. New Pt Richey FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BARNETT, MARK 3501 SARAZEN DR. NEW PORT RICHEY, FL 34656 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Laura Montgomery 3224 Player Drive New Pt Richey FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OLSON, KEN 9806 NICKLEUS NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Schwint 3136 Crossview Ct. New Pt Richey FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LINVILLE, BRIDGET 9818 DIDRIKSON DR. NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAN SMITH 9902 MIDDLECOFF DR NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michelle Waters 9915 Palmer Dr. New Pt Richey FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lynn Sieroslowski 9909 Treviso Dr. New Pt Richey FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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07122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2318151 Applied For Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 610, Florida Statutes, as indicated on this report or supplemental report is true and correct.

Bridget Linville
S. BRIDGET LINVILLE
 TREASURER / ASSISTANT