

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90211 038 \*\*\*\*61.25

<b>DOCUMENT # 768823</b>					
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	4. FEI Number 59-2318151	Applied For Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CIANFORNE, JOSEPH R PA 1964 BAYSHORE BLVD DUNEDIN, FL 34698 <i>MISSPELLED CIANFRONE</i>				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 reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERI, ROSS		NAME	BARRETT MARIE	
STREET ADDRESS	9924 MCKLAWS DR.		STREET ADDRESS	3501 SARAZEN DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNETT, MARK		NAME	LOUELL, SCOTT	
STREET ADDRESS	3501 SARAZEN DR.		STREET ADDRESS	3821 WATSON DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34656		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTGOMERY, LAURA		NAME	LOUELL, JACQUE	
STREET ADDRESS	3224 PLAYER DRIVE		STREET ADDRESS	3821 WATSON DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	TS	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINVILLE, BRIDGET		NAME	LINVILLE BRIDGET	
STREET ADDRESS	9818 DIDRIKSON DR.		STREET ADDRESS	9818 DIDRIKSON DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWINDT, JOHN		NAME	HELPMY DAN	
STREET ADDRESS	3136 CRENSHAW CT		STREET ADDRESS	3810 PLAYER DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRATORS, MICHELLE		NAME	WATERS MICHELLE	
STREET ADDRESS	9915 PALMER DR		STREET ADDRESS	9915 PALMER DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
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: <i>Bridget Linville</i>			Date: 4/17/08		Daytime Phone #: 727-372-6042
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

00000000



04182008 Chg-NP CR2E037 (12/06)

PLEASE SEE ATTACHED LISTING

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**ATTACHMENT**

**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**

40089837

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182008 Chg-NP CR2E037 (12/08)

City & State

City & State

4. FEI Number  
**59-2318151**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CIANFORNE, JOSEPH R PA -**  
**1964 BAYSHORE BLVD**  
**DUNEDIN, FL 34698**

*MISSPELLED*  
*CIANFRONE*

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, 2008**

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

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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNETT, MARK 3501 SARAZEN DR. NEW PORT RICHEY, FL 34656	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, LAURA 3224 PLAYER DRIVE NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LINVILLE, BRIDGET 9818 DIDRIKSON DR. NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWINDT, JOHN 3136 CRENSHAW CT NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRATORS, MICHELLE 9915 PALMER DR NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SMITH, JAN 9902 HIDDLECOFF DR. NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SIEROSLAWSKI, LYNN 9909 TREBILCO DR NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Change <input checked="" 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
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:

*BRIDGET LINVILLE*  
*Secretary*

Date

Daytime Phone #

4/17/08 727-372-6042

PLEASE SEE ATTACHED LISTING

ATTACHMENT  
40089839  
# 768823

## FAIRWAY SPRINGS HOMEOWNERS ASSOCIATION, INC.

### OFFICERS

Marie Barrett, President  
3501 Sarazen Drive  
New Port Richey, FL 34655  
Tel: 727-375-1301  
E-mail: [gmb526@tampabay.rr.com](mailto:gmb526@tampabay.rr.com)

Bridget Linville, Treasurer  
9818 Didrikson Drive  
New Port Richey, FL 34655  
Tel: 727-372-6042  
E-mail: [lsusieq1@verizon.net](mailto:lsusieq1@verizon.net)

Scott Loveall, Vice President  
3821 Watson Drive  
New Port Richey, FL 34655  
Tel: 727-376-0095  
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Jacque Loveall, Secretary  
3821 Watson Drive  
New Port Richey, FL 34655  
Tel: 727-376-0095  
E-mail: [chefjacq@verizon.net](mailto:chefjacq@verizon.net)

### DIRECTORS

Dan Helphrey, Director  
3810 Player Drive  
New Port Richey, FL 34655  
Tel: 727-372-1129  
E-mail: [dhelphrey@yahoo.com](mailto:dhelphrey@yahoo.com)

Lynn Sieroslowski, Director  
9909 Trevino Drive  
New Port Richey, FL 34655  
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E-mail: [Polar\\_bear1946@yahoo.com](mailto:Polar_bear1946@yahoo.com)

Red Schwindt, Director  
3136 Crenshaw Drive  
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E-mail: [redschwindt@msn.com](mailto:redschwindt@msn.com)

Jan Smith, Director  
9902 Middlecoff Drive  
New Port Richey, FL 34655  
Tel: 727-375-5661  
E-mail: [jjrs43@verizon.net](mailto:jjrs43@verizon.net)

Michelle Waters, Director, Compliance  
9915 Palmer Drive  
New Port Richey, FL 34655  
Tel: 727-372-3701  
E-mail: [tahbu2@yahoo.com](mailto:tahbu2@yahoo.com)

Effective March 28, 2008