

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90055 010 ****61.25

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1. Entity Name
FAIRWAY VILLAGE AT FLEMING ISLAND PLANTATION
HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
4759 LEPARD CIR
MIDDLEBURG, FL 32068

Mailing Address
PO BOX 949
MIDDLEBURG, FL 32050-0949

DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3643992

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DELCOMYN, VINA
4759 LEPARD CIR
MIDDLEBURG, FL 32068

**DO NOT WRITE
IN THIS SPACE**

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 Vina C. Delcomyn VINAC.DELCOMYN 2/3/05
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, 2005

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRENCH, DOUG
STREET ADDRESS	1288 FAIRWAY VILLAGE DR
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	VPD
NAME	GURTERMANN, DAVE
STREET ADDRESS	1336 FAIRWAY VILLAGE DR
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	STD
NAME	BRUBECK, JUDY
STREET ADDRESS	1231 FAIRWAY VILLAGE DR
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	D
NAME	STEAD, JANE
STREET ADDRESS	1345 FAIRWAY VILLAGE DR.
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	D
NAME	MCCREARY, ANITA
STREET ADDRESS	1384 FAIRWAY VILLAGE DR
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	DOUGLAS C. FRENCH
NAME	DOUGLAS C. FRENCH
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Douglas C. French DOUGLAS C. FRENCH 2-1-05 904-278-4684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #