

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002779

FILED
Jan 03, 2007
Secretary of State

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

Current Principal Place of Business:

4759 LEPARD CIR
MIDDLEBURG, FL 32068

New Principal Place of Business:

4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068

Current Mailing Address:

PO BOX 949
MIDDLEBURG, FL 320500949

New Mailing Address:

FEI Number: 59-3643992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELCOMYN, VINA
4759 LEPARD CIR
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

DELCOMYN, VINA
4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068 US

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:

01/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRENCH, DOUG
Address: 1288 FAIRWAY VILLAGE DR
City-St-Zip: ORANGE PARK, FL 32003

Title: VPD () Delete
Name: AYERS, ROBERT
Address: 1300 FAIRWAY VILLAGE DR
City-St-Zip: ORANGE PARK, FL 32003

Title: STD () Delete
Name: BRUBECK, JUDY
Address: 1231 FAIRWAY VILLAGE DR
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: STEAD, JANE
Address: 1345 FAIRWAY VILLAGE DR.
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: MCCREARY, ANITA
Address: 1384 FAIRWAY VILLAGE DR
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: DOUG FRENCH

PD

01/03/2007

Electronic Signature of Signing Officer or Director

Date