

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 17, 2010
Secretary of State

DOCUMENT# N00000007234

Entity Name: FAIRWAY OAKS HOMEOWNERS' ASSOCIATION OF JACKSONVILLE, INC.**Current Principal Place of Business:**12187-4 BEACH BLVD
JACKSONVILLE, FL 32246**New Principal Place of Business:**5407 GOLF BROOK DR.
JACKSONVILLE, FL 32208**Current Mailing Address:**12620-3 BEACH BLVD
JACKSONVILLE, FL 32246**New Mailing Address:**1650 GOLF FOREST DR.
JACKSONVILLE, FL 32208**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KINGDOM MANAGEMENT
12620-3 BEACH BLVD
JACKSONVILLE, FL 32246 US**Name and Address of New Registered Agent:**DEMPSEY, SHIRLEY PD
1650 GOLF FOREST DR.
JACKSONVILLE, FL 32208 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: SHIRLEY DEMPSEY

06/17/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DEMPSEY, SHIRLEY PD
Address: 1650 BROOK FOREST DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: 1VP
Name: EVANS, CLANESE 1ST VP
Address: 1484 GOLF FOREST DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: 2VP
Name: NORRIS, DEANNA 2ND VP
Address: 1519 BROOK FOREST DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD
Name: HAWKINS, SHAQUANA TREASUR
Address: 1537 GOLF FOREST DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD
Name: WRIGHT, PAMEL ASSIT T
Address: 1470 BROOK FOREST DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D
Name: ZIEGLER, MARY DIRECTO
Address: 1554 BROOK FOREST DR
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY DEMPSEY

PD

06/17/2010

Electronic Signature of Signing Officer or Director

Date