


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90024 048 ****61.25

DOCUMENT # N00326

1. Entity Name
FAIRWAY AT THE HEATHER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
3300 COMMERCIAL WAY
SPRING HILL, FL 34606 US

Mailing Address
3300 COMMERCIAL WAY
SPRING HILL, FL 34606 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01172008 Chg-NP CR2E037 (12/06)

4. FEI Number
64-0686303

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ABELL, CHARLES
3300 COMMERCIAL WAY
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	V	<input type="checkbox"/> Delete
NAME	RYAN, MARY ANN	
STREET ADDRESS	7620 ST. ANDREWS BLVD	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PIERCY, ROBERT	
STREET ADDRESS	12292 RONALD ST	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	TR	<input type="checkbox"/> Delete
NAME	FLOOD, EDWARD	
STREET ADDRESS	7602 ST. ANDREWS BLVD	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE	P	<input type="checkbox"/> Delete
NAME	PIERCY, SAUNDRA	
STREET ADDRESS	12292 RONALD ST	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Saundra M. Piercy* **2-6-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #