

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000200

FILED
May 01, 2008
Secretary of State

Entity Name: FAIRWAYS AT MT. PLYMOUTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2200 LUCIEN WAY #350
MAITLAND, FL 32751

New Principal Place of Business:

201 W CANTON AVENUE
SUITE 125 A
WINTER PARK, FL 32789

Current Mailing Address:

2200 LUCIEN WAY #350
MAITLAND, FL 32751

New Mailing Address:

201 W CANTON AVENUE
SUITE 125 A
WINTER PARK, FL 32789

FEI Number: 59-3754486 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEVELEFF, STEPHAN M
2200 LUCIEN WAY #350
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

GORDON, ANGELIA
201 W CANTON AVENUE
SUITE 125 A
WINTER PARK, FL 32789 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: ANGELIA L GORDON

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: LIVINGSTON, GEORGE D JR.
Address: 2200 LUCIEN WAY #350
City-St-Zip: MAITLAND, FL 32751

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRE (X) Change () Addition
Name: GOODMAN, KEITH
Address: 30718 PGA DRIVE
City-St-Zip: SORRENTO, FL 32776

Title: VP () Change (X) Addition
Name: LEDEVRE, CHARLES
Address: 30145 PGA DRIVE
City-St-Zip: SORRENT, FL 32776

I hereby certify that the information supplied with this filing does not qualify 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: ANGELIA L GORDON

RA

05/01/2008

Electronic Signature of Signing Officer or Director

Date