


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90172 020 \*\*\*\*61.25

<b>DOCUMENT # N01000003413</b>					
<b>1. Entity Name</b> FAIRWAY ISLES AT BAYSIDE LAKES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 770 NORTH DRIVE SUITE MELBOURNE, FL 32934-9270			<b>Mailing Address</b> 770 NORTH DRIVE SUITE MELBOURNE, FL 32934-9270		
<b>2. Principal Place of Business - No P.O. Box #</b> 3908 GARDENWOOD Cir		<b>3. Mailing Address</b> PO Box 100130			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> GAITHER, FL		<b>City &amp; State</b> PALM BAY, FL		<b>4. FEI Number</b> 59-3685782	
<b>Zip</b> 32949		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> JEFFERIES, BENJAMIN E 770 NORTH DRIVE SUITE A MELBOURNE, FL 32934			<b>7. Name and Address of New Registered Agent</b> Name: Marie Thibodeaux Street Address (P.O. Box Number is Not Acceptable): 3908 GARDENWOOD Cir City: GAITHER FL Zip Code: 32949		
<b>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.</b>					
SIGNATURE: <u>Marie Thibodeaux</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>3/6/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> JEFFERIES, BENJAMIN E <b>STREET ADDRESS</b> 770 NORTH DRIVE SUITE A <b>CITY-ST-ZIP</b> MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> VASS, DON <b>STREET ADDRESS</b> 631 MORNING CAY Cir <b>CITY-ST-ZIP</b> PALM BAY, FL 32909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> THOMPSON, RONALD <b>STREET ADDRESS</b> 770 NORTH DRIVE SUITE A <b>CITY-ST-ZIP</b> MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> CARAIGHT, NANCY <b>STREET ADDRESS</b> 2220 CHINEBECKY Cir <b>CITY-ST-ZIP</b> PALM BAY, FL 32909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> FACCIOBENE, FRANK <b>STREET ADDRESS</b> 601 W EDGEWOOD DRIVE <b>CITY-ST-ZIP</b> MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> STD <b>NAME</b> Kenyon, Paul <b>STREET ADDRESS</b> 591 MORNING CAY Cir <b>CITY-ST-ZIP</b> PALM BAY, FL 32909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VDS <b>NAME</b> GOATLEY, COLEMAN <b>STREET ADDRESS</b> 770 NORTH DRIVE SUITE A <b>CITY-ST-ZIP</b> MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Donald Thibodeaux</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/6/08</u>		Daytime Phone #: <u>725-0259</u>