


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001181
 1. Entity Name
FAWN RIDGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
3348 EDGEWATER DR **3348 EDGEWATER DR**
ORLANDO, FL 32804 **ORLANDO, FL 32804**

DO NOT WRITE IN THIS SPACE



01302004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
04-3656469 Not Applicable

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

6. Name and Address of Current Registered Agent
SCHWARTZ, RONALD N
3348 EDGEWATER DR
ORLANDO, FL 32804

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000048615
 02/12/04 00087 010 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHWARTZ, RONALD N
STREET ADDRESS	3348 EDGEWATER DR
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	D
NAME	SCHULER, LAWRENCE
STREET ADDRESS	3348 EDGEWATER DR
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	D
NAME	BOELTER, MADELYN
STREET ADDRESS	3348 EDGEWATER DR
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Madelyn Boelter Director* 2/9/04 407-422-8191
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #