


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90060 034 \*\*\*\*61.25

<b>DOCUMENT # N02000001181</b> 1. Entity Name <b>FAWN RIDGE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>190 NORTH WESTMONTE DR SUITE 100 ALTAMONTE SPRINGS, FL 32714</b>			Mailing Address <b>190 NORTH WESTMONTE DR SUITE 100 ALTAMONTE SPRINGS, FL 32714</b>		
2. Principal Place of Business - No P.O. Box # <b>860 North S.R. 434</b>		3. Mailing Address <b>860 North S.R. 434</b>			
Suite, Apt. #, etc. <b>Suite 1009</b>		Suite, Apt. #, etc. <b>Suite 1009</b>			
City & State <b>Altamonte Springs, FL</b>		City & State <b>Altamonte Springs, FL</b>			
Zip <b>32714</b>		Country <b>USA</b>		Zip <b>32714</b>	
Country <b>USA</b>		4. FEI Number <b>04-3656469</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CAMPBELL, MARILYN 190 NORTH WESTMONTE DR SUITE 100 ALTAMONTE SPRINGS, FL 32714</b>			7. Name and Address of New Registered Agent Name <b>Campbell, Marilyn</b> Street Address (P.O. Box Number is Not Acceptable) <b>860 North S.R. 434</b> <b>Suite 1009</b> City <b>Altamonte Springs</b> <b>FL</b> <b>32714</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.  SIGNATURE <u><i>Marilyn Campbell</i></u> <span style="float: right;">3/25/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing 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>		
TITLE P NAME DESILVA, PAUL STREET ADDRESS P.O. BOX 530096 CITY - ST - ZIP ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Delete		TITLE P NAME Shirk, Bob STREET ADDRESS 2872 Doe Run Trail CITY - ST - ZIP Orange City, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME DAWSON, CHERYL STREET ADDRESS 2883 STAGS LEAP DR. CITY - ST - ZIP ORANGE CITY, FL 32763	<input type="checkbox"/> Delete		TITLE S NAME Dawson, Cheryl STREET ADDRESS 2883 Stags Leap Dr. CITY - ST - ZIP Orange City, FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME DESILVA, PAUL STREET ADDRESS 2853 DOE RUN TR. CITY - ST - ZIP ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Arimento, Kenneth STREET ADDRESS 2869 Stags Leap Dr. CITY - ST - ZIP Orange City, FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME SIEGEL, SARAH STREET ADDRESS 2882 DOE RUN TR. CITY - ST - ZIP ORANGE CITY, FL 32763	<input type="checkbox"/> Delete		TITLE D NAME Siegel, Sarah STREET ADDRESS 2882 Doe Run Trail CITY - ST - ZIP Orange City, FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME GRIMM, HAROLD STREET ADDRESS 2845 STAGS LEAP DR. CITY - ST - ZIP ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Delete		TITLE T NAME Troxler, Eric STREET ADDRESS 2885 Stags Leap Dr. CITY - ST - ZIP Orange City, FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME SALZANO, KATHALINE STREET ADDRESS 2893 DOE RUN TR CITY - ST - ZIP ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Delete		TITLE D NAME Pujco, Scott STREET ADDRESS 2852 Stags Leap Dr. CITY - ST - ZIP Orange City, FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u><i>Robert J. Shirk</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/11/08</u> Daytime Phone # _____		

ATTACHMENT

40068591

FEI Number: 04-3656469

DOCUMENT # N02000001181

Fawn Ridge Homeowners Association, Inc.

2008 Not-For-Profit Annual Corporate Report

Additions:

D

Donnell, Dennis

2841 Stags Leap Drive

Orange City, FL 32763

D

Stucker, Tiffany

2879 Stags Leap Drive

Orange City, FL 32763

D

Vetro, Ciara

2854 Stags Leap Drive

Orange City, FL 32763