

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001181

FILED
Mar 12, 2009
Secretary of State

Entity Name: FAWN RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

860 NORTH S.R 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

2869 STAGS LEAP DRIVE
ORANGE CITY, FL 32763 US

Current Mailing Address:

860 NORTH S.R 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 04-3656469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, MARILYN
860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: DAWSON, CHERYL
Address: 2883 STAGS LEAP DR.
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: SIEGEL, SARAH
Address: 2882 DOE RUN TR.
City-St-Zip: ORANGE CITY, FL 32763

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: DAWSON, CHERYL S
Address: 2883 STAGS LEAP DR.
City-St-Zip: ORANGE CITY, FL 32763 US

Title: D (X) Change () Addition
Name: SIEGEL, SARAH D
Address: 2882 DOE RUN TR.
City-St-Zip: ORANGE CITY, FL 32763 US

Title: VP () Change (X) Addition
Name: ARIMENTO, KENNETH P
Address: 2869 STAGS LEAP DR.
City-St-Zip: ORANGE CITY, FL 32763 US

Title: T () Change (X) Addition
Name: TROXLER, ERIC T
Address: 2885 STAGS LEAP DR.
City-St-Zip: ORANGE CITY, FL 32763 US

Title: D () Change (X) Addition
Name: DONNELL, DENNIS D
Address: 2841 STAGS LEAP DR.
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MGR () Change (X) Addition
Name: BENTLEY, LENORE MGR
Address: 860 NORTH S.R. 434, SUITE 1009
City-St-Zip: ORANGE CITY, FL 32763 US

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: EDITH A. HERNQUIST

MGR

03/12/2009

Electronic Signature of Signing Officer or Director

Date