

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001495

FILED
Mar 28, 2009
Secretary of State

Entity Name: FAIRWAYS HOMEOWNERS ASSOCIATION AT BAY POINT, INC.

Current Principal Place of Business:

204 GOLF CIRCLE
PANAMA CITY, FL 32411

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 27292
PANAMA CITY, FL 32411

New Mailing Address:

FEI Number: 59-3238518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407 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: P () Delete
Name: FARRELL, KENNETH G
Address: 204 GOLF CIR.
City-St-Zip: PANAMA CITY, FL 32411

Title: T () Delete
Name: FARRRAELL, MARY C
Address: 204 GOLF CIR
City-St-Zip: PANAMA CITY, FL 32411

Title: VP () Delete
Name: FARRELL, MARY C
Address: 204 GOLF CIRCLE
City-St-Zip: PANAMA CITY, FL 32411

Title: S () Delete
Name: GORLINSKY, LYNN
Address: 118 GOLF CIR
City-St-Zip: PANAMA CITY, FL 32411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FARRRELL, MARY C
Address: 204 GOLF CIR
City-St-Zip: PANAMA CITY, FL 32411

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KENNETH G. FARRELL

PETE

03/28/2009

Electronic Signature of Signing Officer or Director

Date