2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 8:00 am Secretary of State

						_		tary or	State
DOCUMENT # N0200007152 1. Entity Name FAIRWAYS EDGE AT LA CITA HOMEOWNERS ASSOCIATION, INC.							03-29-20	004 90066 022 *	****61.25
Principal Place of Business 516 DELANNOY AVE. COCOA, FL 32922		P.0.	Mailing Address P.O. BOX 3767 COCOA, FL 32924					940382	229
							1119 11811 881# 18111	DANI ARIER ARIEK 1808L MARK S	MIN SIEKEN EN LEGE
2. Principal Place of Business		3. Mail	3. Mailing Address						
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			03192004	Chg-NP	CR2E037 (10/0	03)
City & State		Cit	City & State			4. FFI Number	0890&	55	Applied For Not Applicable
Zip	Countr	y Zip	1	Country		5. Certificate o	f Status Desired	□ \$8.75 Fee Re	Additional quired
	6. Name and Addre	ss of Current Registered	i Agent			7. Name and A	ddress of New	Registered Agent	
KIRSCHEN	NBAUM MALCOLI	M R		Nam	ne				
KIRSCHENBAUM, MALCOLM R 516 DELŁANOY AVE COCOA, FL 32922				Stree	et Address (P.O. Box Number	is Not Acceptal	HB) AVE	
				27					
				City				FL ZIP	Code
	named entity submits thi ions of registered agent.	is statement for the purpo:	se of changing its re	egistered office	or registered	d agent, or both, i	n the State of	Florida. I am familiar v	with, and accept
SIGNATURE .	Signature, typed or printed name	e of registered agent and title if app	olicable. (NOTE	: Registered Agent s	signature require	d when reinstating)		DATE	<u>-</u> _
SIGNATORE .	Signature, typed or printed name Filling Fee is \$61 Due by May 1, 20	.25	9. Election Carr Trust Fund C	npaign Financin		\$5.00 May Be Added to Fees	F	DATE Make check payal orida Department	
10.	Filing Fee is \$61 Due by May 1, 20	.25	9. Election Carr	npaign Financin	g 🗆	\$5.00 May Be Added to Fees	F	Make check payal	of State
	Filing Fee is \$61 Due by May 1, 20	.25 104 ICERS AND DIRECTORS	9. Election Carr	npaign Financin contribution.	g 🗆	\$5.00 May Be Added to Fees	F	Make check payat lorida Department	of State
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12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied ental report is true and accurate and that my signature shall have the same legal effect as 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 the corporation and attachment with an address, with all other like empowered.

SIGNATURE:

Malcolm R Kirschenbaum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 40احداد</u>

<u>321-632-414</u>1