2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N03000008001

Entity Name: THE FAIRWAYS OF HERONS GLEN ASSOCIATION, INC.

Current Principal Place of Business:

2250 AVENIDA DEL VERA
N FT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

2250 AVENIDA DEL VERA
N FT MYERS, FL 33917

New Mailing Address:

FEI Number: 20-0965506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, THOMAS
1625 HENDRY ST THIRD FLOOR
FORT MYERS, FL 33902 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: BEAUPRE, DAVE
Address: 2250 AVENIDA DEL VERA
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: T ( ) Delete
Name: CECCHINI, RACHEL
Address: 20731 KAIDON LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: S ( ) Delete
Name: MCDONALD, DAVID
Address: 2250 AVENIDA DEL VERA
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: CECCHINI, RACHEL
Address: 2250 AVENIDA DEL VERA
City-St-Zip: NORTH FORT MYERS, FL 33917

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: RACHEL CECCHINI T 01/20/2009

Electronic Signature of Signing Officer or Director — Date