

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001549

FILED
Apr 16, 2009
Secretary of State

Entity Name: FISHHAWK RIDGE ASSOCIATION, INC.

Current Principal Place of Business:

5100 W. LEMON ST
STE 312
TAMPA, FL 33609

New Principal Place of Business:

4131 GUNN HWY
TAMPA, FL 33618

Current Mailing Address:

4131 GUNN HWY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 43-2053206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRISCIA, FRANCIS E
MELROSE & FRISCIA PA
5550 W EXECUTIVE DR, STE 250
TAMPA, FL 33609 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: PD () Delete
Name: KARPAY, BARRY I
Address: 5100 W LEMON DR SUITE 312
City-St-Zip: TAMPA, FL 33609

Title: VPD () Delete
Name: MESSINA, FRANK
Address: 5100 W LEMON ST STE 312
City-St-Zip: TAMPA, FL 33609

Title: STD () Delete
Name: HUDRLIK, DEBORA L
Address: 5100 W LEMON ST STE 312
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: PARKER, STEVE
Address: 15879 FISHHAWK VIEW DR
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: SCHUTZ, MICHAEL
Address: 15920 FISHHAWK CREEK LANE
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEMONDS, JOHN
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: VPD (X) Change () Addition
Name: PARKER, STEVE
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: DS (X) Change () Addition
Name: HOUCK, KATHRYN
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change () Addition
Name: PANASENY, THOMAS J
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: DT (X) Change () Addition
Name: SCHUTZ, MICHAEL
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

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: JOHN LEMONDS

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date