

FILED
5/ **Jun 19, 2006 8:00 am**
Secretary of State

DOCUMENT # N05000005593			
1. Entity Name FAWN MEADOWS AT DEER CREEK PHASE ONE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 2480 WEST SR 434 SUITE 5800 LONGWOOD, FL 32779-3044		Mailing Address 2180 WEST SR 434 SUITE 5800 LONGWOOD, FL 32779-5844	
2. Principal Place of Business 2858 Remington Green Cir. Suite, Apt. #, etc.		3. Mailing Address 2858 Remington Green Cir. Suite, Apt. #, etc.	
City & State Tallahassee, FL Zip 32308		City & State Tallahassee, FL Zip 32308	
Country USA		Country USA	
6. Name and Address of Current Registered Agent			
Name JA Street Address 2858 City TAL			Name JA Street Address 2858 City TAL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		JAMES R. GUERINO (NOTE: Registered Agent signature required)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD R. RICHARD YATES 2858 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUERINO, JAMES 2858 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, THOMAS F 2858 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 811 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		JAMES R. GUERINO	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			