2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000005593

1. Entity Name

بدريثكري

FAWN MEADOWS AT DEER CREEK PHASE ONE HOMEOWNERS' ASSOCIATION, INC.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

2858 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308

Mailing Address

2858 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308



DO NOT WRITE IN THIS SPACE

04282007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For 20-3080391 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERINO. JAMES R 2858 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
|---|--|--|--------|--------------------------------|--|
| SIGNATURE. | | | | | |
| Signature, hyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2007 | Election Campaign Finance Trust Fund Contribution. | cing 🔲 | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIRECTORS | | | • | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD R. RICHARD YATES 2858 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD GUERINO, JAMES 2858 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308 | | | | U00000748032 05/17/07-80048-016 61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEONARD, THOMAS F 2858 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308 | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the preceiver 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 changed, or on an attachingnt with an address, with all other like empowered.

SIGNATURE: WMW X

DTLE
NAME
STREET ADDRESS
CITY-ST-7IP

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

7/28/07

<u>933 -0434</u>

JAMES R. GUERINO