## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07545

FILED May 18, 2005 Secretary of State

Entity Name: FAIRFIELD ON THE TEE HOMEOWNERS ASSOCIATION, INC.

Jurrent P	Principal Place of Business:	New Principal Place of Business:
'07 CARF #100	PENTERS WAY	
	ID, FL 338093941	
Current N	Mailing Address:	New Mailing Address:
	PENTERS WAY	
ŧ100 .AKELAN	ID, FL 338093941	
	r: 59-3039995 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation die	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) d not receive the prior notice.
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
#48 .AKELAN	PENTERS WAY ID, FL 338093941 US ID anned entity submits this statement for the	ne purpose of changing its registered office or registered agent, or bot
		le purpose of changing its registered office of registered agent, of boo
n the Stat	te of Florida.	ie purpose or changing its registered onice or registered agent, or bor
n the Stat SIGNATU	te of Florida.	ie purpose of changing its registered office of registered agent, or bor
	te of Florida.	
SIGNATU	te of Florida.	
SIGNATU	te of Florida.  RE:  Electronic Signature of Registered.	Agent Date
DFFICER Title: Jame: kddress:	te of Florida.  IRE:  Electronic Signature of Registered.  S AND DIRECTORS:  STD () Delete STEPHENS, DAVID J 707 CARPENTARS WAY #48	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title: ( ) Change ( ) Addition Name: Address:
DFFICER  ittle: lame: kddress: city-St-Zip: ittle: lame: kddress:	te of Florida.  IRE:  Electronic Signature of Registered.  S AND DIRECTORS:  STD () Delete  STEPHENS, DAVID J  707 CARPENTARS WAY #48  LAKELAND, FL 338093941  VPD () Delete  SCHWEIKERT, SUSAN  707 CARPENTERS WAY #20	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID J. STEPHENS STD 05/18/2005