2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16622

FILED Jan 26, 2009 Secretary of State

Entity Name: FAIRWAYS OF DELRAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 7422 2530 PAR CIRCLE DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33445 **Current Mailing Address: New Mailing Address:** P.O. BOX 7422 DELRAY BEACH, FL 33484 FEI Number: 59-2684782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GERSTIN, JOSHUA ESQ. 399 WEST PALMETTO PARK RD. SUITE 108 BOCA RATON, FL 33432 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LESLIS, WESTINE JR DAVEY, TERRY Name: Name: **2511 PAR CIR** Address: 2483 PAR CIRCLE Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445 Title: Title: () Delete () Change () Addition Name: KING, CHARLES Name: Address: 2530 PAR CIR Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: () Delete Title: () Change () Addition WITKOWSKI, RAYMOND Name: Name: 2477 PAR CIRCLE Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: () Delete Title: () Change () Addition MARKLE, JONATHON Name: Name: Address: 807 PAR CIR Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: VΡ () Delete Title: VΡ (X) Change () Addition GARRITO, TIM GARITO, TIM Name: Name: 2519 PAR CIR Address: Address: 2519 PAR CIR City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445 Title: () Delete Title: () Change () Addition ACEVADO, JEDA Name: Name: Address: 711 GOLF CT Address: DELRAY BEACH, FL 33445 City-St-Zip: 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: CHARLES KING T 01/26/2009