

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90023 017 ****61.25

DOCUMENT # N22257 1. Entity Name FAIRWAY VILLAGE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 13208 GREENVIEW CT. HUDSON, FL 34669 US			Mailing Address 13208 GREENVIEW CT. HUDSON, FL 34669 US		
2. Principal Place of Business - No P.O. Box # 5831 Trable Creek Rd.		3. Mailing Address 5831 Trable Creek Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 59-2891653	
Zip 34652		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34652		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLINT, JACQUELINE A 13201 GREENVIEW CT. HUDSON, FL 34669				7. Name and Address of New Registered Agent Name Community Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 5831 Trable Creek Rd. City New Port Richey FL Zip Code 34652	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WHILLHITE, DARLA 13208 GREENVIEW CT HUDSON, FL 34669	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Rosario Vela 13209 Greenview Ct. Hudson, FL 34669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUSTER, GINA 13136 GREENVIEW CT HUDSON, FL 34669	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Gina Muster 13136 Greenview Ct. Hudson, FL 34669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FLINT, JACQUELINE 13201 GREENVIEW CT. HUDSON, FL 34669	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Ray Sulowski 13137 Greenview Ct. Hudson, FL 34669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Carlton Embrey 13201 Greenview Ct. Hudson, FL 34669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Al Poole 13207 Greenview Ct. Hudson, FL 34669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Susan Fedoruk 13221 Greenview Ct. Hudson, FL 34669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-3-08		Daytime Phone # 727-816-9900

D
Steve Redding
13133 Greenview Ct.
Hudson, FL 34669

✕ Addition

ATTACHMENT
40064084
#N22257