## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N22257

FILED Apr 21, 2009 Secretary of State

Entity Name: FAIRWAY VILLAGE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5837 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652 US **Current Mailing Address: New Mailing Address:** 5837 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652 US FEI Number: 59-2891653 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: COMMUNITY MANAGEMENT SERVICES INC 5837 TROUBLE CREEK RD. NEW PORT RICHEY, FL 34652 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 VELA, ROSARÍO VELA, ROSARIO Name: Name: 13209 GREENVIEW CT Address: 13209 GREENVIEW CT Address: City-St-Zip: HUDSON, FL 34669 City-St-Zip: HUDSON, FL 34669 Title: Title: (X) Change ( ) Addition ( ) Delete MUSTER, GINA Name: FEDORUK, SUSANNE Name: Address: 13136 GREENVIEW CT Address: 13221 GREENVIEW COURT City-St-Zip: HUDSON, FL 34669 City-St-Zip: HUDSON, FL 34669 Title: () Delete Title: () Change () Addition SULKAWSKI, RAY Name: Name: 13137 GREENVIEW CT Address: Address: City-St-Zip: HUDSON, FL 34669 City-St-Zip: Title: ( ) Delete Title: () Change () Addition EMBREY, CARLTON Name: Name: 13201 GREENVIEW CT Address: Address: City-St-Zip: HUDSON, FL 34669 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition POOLE, AL REDDING, STEVE Name: Name: 13207 GREENVIEW CT 13133 GREENVIEW COURT Address: Address: City-St-Zip: HUDSON, FL 34669 City-St-Zip: HUDSON, FL 34669

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: ROSARIO VELA P 04/21/2009