

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24987

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** THE FAIRWAY LAKES OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

818 FAIRWAY LAKES DR  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5404  
NICEVILLE, FL 325785404 US

**New Mailing Address:**

PO BOX 5404  
NICEVILLE, FL 32578

FEI Number: 59-2883265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHRISTOPHER, KIM  
724 PUTTER DR.  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: PATRICK, RONALD  
Address: 818 FAIRWAY LAKES DR.  
City-St-Zip: NICEVILLE, FL 32578

Title: VP ( ) Delete  
Name: MCCAFFREY, ROBERT E  
Address: 825 FAIRWAY LAKES DR  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: RICHARDS, KATHE  
Address: 829 FAIRWAY LAKES DR  
City-St-Zip: NICEVILLE, FL 32578

Title: S ( ) Delete  
Name: CHRISTOPHER, KIM  
Address: 724 PUTTER DR.  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: BOONE, C.H.  
Address: 815 FAIRWAY LAKES DR  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BOONE, CORNELIA  
Address: 815 FAIRWAY LAKES DRIVE  
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Change ( ) Addition  
Name: MINDY, BARRETT  
Address: 719 PUTTER DRIVE  
City-St-Zip: NICEVILLE, FL 32578

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: KIM H CHRISTOPHER

MS

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date