2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36887

FILED Feb 11, 2009 Secretary of State

Entity Name: FAIRWAYS AT ROLLING HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9526 C.R. 125C

WILDWOOD, FL 34785 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1535

WILDWOOD, FL 347851535

FEI Number: 59-2995391 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:

RUSSELL, DAVID W MARCH, ELWOOD F 5430 CR 125 9526 C.R. 125C

WILDWOOD, FL 34785 US WILDWOOD, FL 34785 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: ELWOOD F. MARCH 02/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: P () Delete Title: PRES (X) Change () Addition

 Name:
 RUSEEL, DAVID
 Name:
 MARCH, ELWOOD F

 Address:
 5430 CR 125
 Address:
 9526 CR 125C

City-St-Zip: WILDWOOD, FL 34785 City-St-Zip: WILDWOOD, FL 34785

Title: VP () Delete Title: SEC (X) Change () Addition Name: PICKETT, THOMAS Name: YOUNG, SAMUEL A

 Address:
 5053 CR 125 A
 Address:
 5113 CR 125 B-2

 City-St-Zip:
 WILDWOOD, FL 34785
 City-St-Zip:
 WILDWOOD, FL 34785

Title: ST () Delete Title: TREA (X) Change () Addition

 Name:
 LINDSEY, JIM
 Name:
 MILLER, DEBRA

 Address:
 9491 CR 125 C
 Address:
 1576 BELLA CRUZ DRIVE #334

 Address:
 9491 CR 125 C
 Address:
 1576 BELLA CRUZ DRIVE #334

 City-St-Zip:
 WILDWOOD, FL 34785
 City-St-Zip:
 LADY LAKE, FL 32159

Title: D (X) Delete Title: () Change () Addition

 Title:
 D
 (X) Delete
 Title:

 Name:
 FRATINA, CRAIG
 Name:

 Address:
 5259 CR 125 B1
 Address:

 City-St-Zip:
 WILDWOOD, FL 34785
 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: DEBRA MILLER TREA 02/11/2009