


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90029 032 ****61.25

DOCUMENT # N47524	
1. Entity Name FAIRWAY OAKS HOMEOWNERS ASSOCIATION, (1992) INC.	

Principal Place of Business 2995 FINSTERWALD DR. TITUSVILLE FL 32780 US	Mailing Address 2995 FINSTERWALD DR. TITUSVILLE FL 32780 US
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2. Principal Place of Business 3007 FINSTERWALD DR.	3. Mailing Address 3007 FINSTERWALD DR.
Suite, Apt. #, etc. 2983-3011 FINSTERWALD DR.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State TITUSVILLE, FL	City & State TITUSVILLE, FL
Zip 32780	Country USA

4. FEI Number 59-3046117	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KING, JOANNE 2995 FINSTERWALD DR. TITUSVILLE FL 32780	
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7. Name and Address of New Registered Agent	
Name PEGGY MARTIN	
Street Address (P.O. Box Number is Not Acceptable) 3007 FINSTERWALD DRIVE	
City TITUSVILLE	FL Zip Code 32780

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, MR. JAMES 3011 FINSTERWALD DR. TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MR. BARRY MARTIN 3007 FINSTERWALD DR. TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD REDFERN, MRS. AMY 2995 FINSTERWALD DR. TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT MRS. PEGGY MARTIN 3007 FINSTERWALD DR. TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT KING, JOANNE 2999 FINSTERWALD DR. TITUSVILLE FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD MR. ANDREW BYRNE 2983 FINSTERWALD DR. TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Peggy Martin Date: 3/22/2006