

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

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90006 002 \*\*\*\*61.25

DOCUMENT # N47524

1. Entity Name

Fairway Oaks Homeowners Assoc.  
(1992)



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3007 Finsterwald Dr.  
Suite, Apt. #, etc.  
(2983 - 3011 Finsterwald Dr.)

3. Mailing Address  
3007 Finsterwald Dr.  
Suite, Apt. #, etc.

40039665

CR2E037B (8/05)

City & State  
Titusville, FL

City & State  
Titusville, FL

4. FEI Number  
59-3046117

Applied For  
Not Applicable

Zip Country  
32780 USA

Zip Country  
32780 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Peggy Martin  
Street Address (P.O. Box Number is Not Acceptable)  
3007 Finsterwald Dr.  
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 *Peggy S Martin*

(Signature, name, or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

3/12/07

DATE

FEE IS \$61.25  
Initial or Amended AR

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
MR. BARRY MARTIN  
3007 FINSTERWALD DR.,  
TITUSVILLE, FL 32780

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SDT  
MRS. PEGGY MARTIN  
3007 FINSTERWALD DR.,  
TITUSVILLE, FL 32780

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BND  
MRS. JOANNE KING  
2999 FINSTERWALD DR.,  
TITUSVILLE, FL 32780

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BND  
MR. ANDREW BYRNE  
2983 FINSTERWALD DRIVE  
TITUSVILLE, FL 32780

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Peggy S Martin*

3/12/07 (321) 385-9771