

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47524

FILED
Jun 22, 2009
Secretary of State

Entity Name: FAIRWAY OAKS HOMEOWNERS ASSOCIATION, (1992) INC.

Current Principal Place of Business:

3007 FINSTERNWALD DR
(2983-3001 FINSTERWALD DR.)
TITUSVILLE, FL 32780 US

Current Mailing Address:

3007 FINSTERNWALD DR
TITUSVILLE, FL 32780 US

New Principal Place of Business:

2995 FINSTERWALD DR
(2983-3001 FINSTERWALD DR.)
TITUSVILLE, FL 32780 US

New Mailing Address:

2995 FINSTERWALD DR
TITUSVILLE, FL 32780 US

FEI Number: 59-3046117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARTIN, PEGGY
3007 FINSTERWALD DR
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

GIANNONE, JOSEPH
2995 FINSTERWALD DR
TITUSVILLE, FL 32780 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: JOSEPH GIANNONE

06/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTIN, BARRY MR
Address: 3007 FINSTERWALD DR
City-St-Zip: TITUSVILLE, FL 32780

Title: SDT () Delete
Name: MARTIN, PEGGY MRS
Address: 3007 FINSTERWALD DR
City-St-Zip: TITUSVILLE, FL 32780

Title: SDT () Delete
Name: KING, JOANNE
Address: 2999 FINSTER3WALD DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: BMD () Delete
Name: BYRNE, ANDREW MR
Address: 2983 FINSTERWALD DR
City-St-Zip: TITUSVILLE, FL 32780

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: () Change () Addition
Name:
Address:
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: JOSEPH GIANNONE

PRES

06/22/2009

Electronic Signature of Signing Officer or Director

Date