2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000677

FILED Jan 19, 2009 Secretary of State

Entity Name: FAIRWAY VILLAGE AT WINSTON TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5980 WINSTON TRAILS BLVD LAKE WORTH, FL 33463 **Current Mailing Address: New Mailing Address:** 5980 WINSTON TRAILS BLVD LAKE WORTH, FL 33463 US FEI Number: 65-0394497 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: ST JOHN, CORE & LEMME, P.A. 1601 FORUM PLACE STE 701 WEST PALM BEACH, FL 33401 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: P/D () Delete () Change () Addition SMITH, HANK Name: Name: 6272 COG HILL COURT Address: Address: City-St-Zip: LAKE WORTH, FL 33463 US City-St-Zip: Title: VP/D Title: () Delete () Change () Addition KENNY, JOHN Name: Name: Address: 6434 OLD MEDINAH CIRCLE Address: City-St-Zip: LAKE WORTH, FL 33463 US City-St-Zip: Title: ST/D () Delete Title: T/D (X) Change () Addition PACOCHA, STEPHEN F PACOCHA, STEPHEN F Name: Name: 6338 OLD MEDINAH CIRCLE Address: Address: 6338 OLD MEDINAH CIRCLE City-St-Zip: LAKE WORTH, FL 33463 US City-St-Zip: LAKE WORTH, FL 33463 US D () Delete CARTLIDGE, JAMES Title: Title: S/D (X) Change () Addition Name: Name: ORESKOVICH, EVELYN 6362 OLD MEDINAH CIRCLE Address: Address: 6411 OLD MEDINAH CIRCLE City-St-Zip: LAKE WORTH, FL 33463 US City-St-Zip: LAKE WORTH, FL 33463 US Title: () Delete Title: () Change () Addition URBANIK, ROBERT Name: Name: 6332 OLD MEDINAH CIR Address: Address: City-St-Zip: LAKE WORTH, FL 33463 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: HANK SMITH P 01/19/2009