

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 20, 2011
Secretary of State**

DOCUMENT# N93000003090

Entity Name: FAIRWAYS-LAKE ESTATES COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**1750 W. BROADWAY ST.
STE. 222
OVIEDO, FL 32765 US**New Principal Place of Business:**8390 CHAMPIONSGATE BLVD
SUITE 304
CHAMPIONSGATE, FL 33896 US**Current Mailing Address:**1750 W. BROADWAY ST.
STE. 222
OVIEDO, FL 32765 US**New Mailing Address:**8390 CHAMPIONSGATE BLVD
SUITE 304
CHAMPIONSGATE, FL 33896 US**FEI Number:** 59-3257555**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DAVIS, KEVIN
%COMMUNITY MANAGEMENT SPECIALISTS, INC.
1750 W. BROADWAY ST., STE 222
OVIEDO, FL 32765 US**Name and Address of New Registered Agent:**AEGIS COMMUNITY MANAGEMENT SOLUTIONS INC
8390 CHAMPIONSGATE BLVD
SUITE 304
CHAMPIONSGATE, FL 33896 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: DAVID BURMAN

07/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: ALEXANDER, JIM
Address: 8390 CHAMPIONSGATE BLVD SUITE 304
City-St-Zip: CHAMPIONSGATE, FL 33896

Title: PD
Name: BERRY, LAWRENCE
Address: 8390 CHAMPIONSGATE BLVD SUITE 304
City-St-Zip: CHAMPIONSGATE, FL 33896

Title: VPD
Name: ROBERTS, RICHARD
Address: 8390 CHAMPIONSGATE BLVD SUITE 304
City-St-Zip: CHAMPIONSGATE, FL 33896

Title: D
Name: ESKIN, SHARON
Address: 8390 CHAMPIONSGATE BLVD SUITE 304
City-St-Zip: CHAMPIONSGATE, FL 33896

Title: D
Name: GILLESPIE, SHANE
Address: 8390 CHAMPIONSGATE BLVD SUITE 304
City-St-Zip: CHAMPIONSGATE, FL 33896

I hereby 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 all other like empowered.

SIGNATURE: DAVID BURMAN

PRES

07/20/2011

Electronic Signature of Signing Officer or Director

Date