

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001081

FILED
Apr 23, 2009
Secretary of State

Entity Name: FAIRWAY ESTATES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

499 PATRICIA AVE
SUITE C
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 563
DUNEDIN, FL 34697

New Mailing Address:

FEI Number: 59-3289429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRETT, TED A
499 PATRICIA AVE
SUITE C
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: AUBIN, KATHERINE
Address: 1309 FAIRWAY DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: PD () Delete
Name: HUMANN, MARION C
Address: 1255 NELSON ST
City-St-Zip: DUNEDIN, FL 34698

Title: S () Delete
Name: HOLTON, STEVE
Address: 248 WATRONS
City-St-Zip: DUNEDIN, FL 34698

Title: SD () Delete
Name: HEMOND, DOROTHY
Address: NELSON ST
City-St-Zip: DUNEDIN, FL 34698

Title: S (X) Delete
Name: QUARTARO, STEPHANY
Address: 2395 SARZOW DR
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: AUBIN, KATHLEEN M
Address: 1309 FAIRWAY DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: VP (X) Change () Addition
Name: AZZARELLO, RON
Address: 2362 HARRISON ST
City-St-Zip: DUNEDIN, FL 34698

Title: TREA (X) Change () Addition
Name: FARINAS, MARYELLEN
Address: FAIRWAY DR.
City-St-Zip: DUNEDIN, FL 34698

Title: SEC. (X) Change () Addition
Name: QUARTARO, STEPHANY
Address: 2395 SARAZEN DR
City-St-Zip: DUNEDIN, FL 34698

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: KATHLEEN M. AUBIN

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date