2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001819

FILED Feb 09, 2009 Secretary of State

Entity Name: FAIRWAYS HOMEOWNERS ASSOCIATION OF ORLANDO, INC.

Current Principal Place of Business: New Principal Place of Business: MASTERS CLUBHOUSE 14381 AUGUSTA ROAD ORLANDO, FL 32826 ORLANDO, FL 32826 **Current Mailing Address: New Mailing Address:** 14381 AUGUSTA ROAD ORLANDO, FL 32826 FEI Number: 59-2310609 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: PASQUILL, JAMES M 2087 PEBBLE BEACH BLVD ORLANDO, FL 32826 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: () Delete (X) Change () Addition SCHOCKEY, FRED MR PASQUILL JAMES MR Name: Name: 14533 MAIDSTONE ROAD Address: 2087 PEBBLE BEACH BLVD Address: City-St-Zip: ORLANDO, FL 32826 US City-St-Zip: ORLANDO, FL 32826 US Title: Title: () Delete () Change () Addition STIVERS, MARGARET MRS Name: Name: Address: 14226 ROYAL TARA DRIVE Address: City-St-Zip: ORLANDO, FL 32826 US City-St-Zip: Title: () Delete Title: () Change () Addition PASQUILL, CYNTHIA R MRS Name: Name: 2087 PEBBLE BEACH BLVD Address: Address: City-St-Zip: ORLANDO, FL 32826 US City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: PASQUILL, JAMES MR Name: WALCH, KAREN MRS 2087 PEBBLE BEACH BLVD 14302 WING FOOT ROAD Address: Address: City-St-Zip: ORLANDO, FL 32826 US City-St-Zip: ORLANDO, FL 32826 US Title: () Delete Title: (X) Change () Addition MAY, HOWARD MR KANE, JAMES MR Name: Name: 14737 SPYGLASS STREET 14449 AUGUSTA ROAD Address: Address: City-St-Zip: ORLANDO, FL 32826 US City-St-Zip: ORLANDO, FL 32826 US Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

BELIVEAU. ROBERT MR

14558 MAIDSTONE ROAD

ORLANDO, FL 32826 US

SIGNATURE: CYNTHIA PASQUILL S 02/09/2009

HATCH, CHRIS MR

14554 SPYGLASS STREET

ORLANDO, FL 32826 US

Name:

Address:

City-St-Zip: