

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90181 036 ****61.25

DOCUMENT # N96000003545						
1. Entity Name FAIRWAY VILLAS/MEADOW OAKS HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 8056 OLD C.R 54 NEW PORT RICHEY, FL 34653			Mailing Address 8056 OLD C.R 54 NEW PORT RICHEY, FL 34653			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 59-3444164		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
JOHNSON, KIM COMMUNITY MANAGEMENT SVCS, INC 8056 OLD CR 54 NEW PORT RICHEY, FL 34653			Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD WYATT, JANICE 13317 NORMAN CIRCLE HUDSON, FL 34669		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD Patricia Bodine 13404 Norman Cir. Hudson, FL 34669	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD WESNER, DONALD 13136 NORMAN CIRCLE HUDSON, FL 34669		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD Richard Charckon 13142 Norman Cir. Hudson, FL 34669	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD GAWRYS, TOM 13135 NORMAN CIR HUDSON, FL 34669		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	D Patrick Desousa 13154 Norman Cir. Hudson, FL 34669	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD ARIANS, LORRAINE 13412 NORMAN CIRCLE HUDSON, FL 34669		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	(Empty)	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D DIAS, ALVARO 13522 NORMAN CIRCLE HUDSON, FL 34669		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	(Empty)	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	(Empty)		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	(Empty)	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <u>Patricia A. Bodine</u> PATRICIA A. BODINE 3-3-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
Date: _____ Daytime Phone #: _____						