
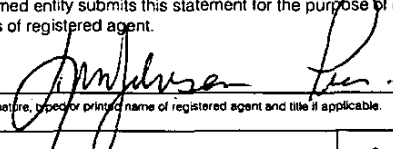
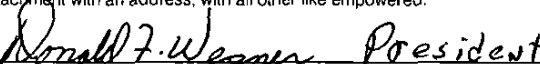


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90015 042 ****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 C/O COMMUNITY MANAGEMENT SERVICES INC 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652																																																																																																																																																								
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City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 59-3444164																																																																																																																																																							
Zip 34652		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent JOHNSON, KIM COMMUNITY MANAGEMENT SVCS, INC 8056 OLD CR 54 NEW PORT RICHEY, FL 34653			7. Name and Address of New Registered Agent Name: Community Management Services, Inc. Street Address: 5609 US 19 Suite E City: New Port Richey FL Zip Code: 34652																																																																																																																																																								
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:  DATE: 2/14/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
Filing fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																																																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  President DATE: 2/14/06 DAYTIME PHONE: 727-816-9900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											