# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2008 8:00 am**
**Secretary of State**
04-28-2008 90374 014 ****61.25

DOCUMENT # N96000003545

1. Entity Name
FAIRWAY VILLAS/MEADOW OAKS HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5609 U. S. 19<br>STE. E<br>NEW PORT RICHEY, FL 34652 | 5609 U. S. 19<br>STE. E<br>NEW PORT RICHEY, FL 34652 |

01142008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 5837 Trable Creek Rd | 5837 Trable Creek Rd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: New Port Richey, FL | City & State: New Port Richey, FL |
| Zip: 34652 Country: USA | Zip: 34652 Country: USA |

4. FEI Number 59-3444164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSON, KIM
COMMUNITY MANAGEMENT SVCS, INC
5609 US. 19., STE. E
NEW PORT RICHEY, FL 34652

**7. Name and Address of New Registered Agent**

Name: Community Management Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 5837 Trable Creek Rd.
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WESNER, DON<br>13136 NORMAN CIRCLE<br>HUDSON, FL 34669 | ☒ Delete | P<br>Charles Coffey<br>13428 Norman Cir.<br>Hudson, FL 34669 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>QUINN, JIM<br>13153 NORMAN CIRCLE<br>HUDSON, FL 34669 | ☒ Delete | VP<br>Audrey Meunier<br>13324 Norman Cir.<br>Hudson, FL 34669 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BODINE, PATRICIA<br>13404 NORMAN CIRCLE<br>HUDSON, FL 34669 | ☐ Delete | T<br>Ralph Myers<br>13546 Norman Cir.<br>Hudson, FL 34669 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CHARCKON, RICHARD<br>13142 NORMAN CIRCLE<br>HUDSON, FL 34669 | ☒ Delete | D<br>Diane Gawrys<br>13135 Norman Cir.<br>Hudson, FL 34669 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARIANS, LORRAINE<br>13412 NORMAN CIRLCE<br>HUDSON, FL 34669 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** _____ 727-816-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #