2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# N98000001410

Entity Name: FAWN LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434, SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 32779

Current Mailing Address:

2180 W. SR 434, SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 32779

FEI Number: 59-3503669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434, SUITE 5000
LONGWOOD, FL 32779 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: DP ( ) Delete
Name: COHEN, GLEN
Address: 13728 ANTLER POINT DRIVE
City-St-Zip: TAMPA, FL 33626

Title: DVP ( ) Delete
Name: WALTERS, GRANT
Address: 13726 STEGHORN ROAD
City-St-Zip: TAMPA, FL 33626

Title: DST ( ) Delete
Name: ARROYO, MINDY
Address: 8506 FAWN CREEK DRIVE
City-St-Zip: TAMPA, FL 33626

Title: D (X) Delete
Name: LONGO, JAMES
Address: 8602 FAWN CREEK DRIVE
City-St-Zip: TAMPA, FL 33626

Title: D (X) Delete
Name: HERMANN, DON
Address: 13508 WHITE EIK LOOP
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COHEN, GLEN
Address: 13728 ANTLER POINT DRIVE
City-St-Zip: TAMPA, FL 33626

Title: VPD (X) Change ( ) Addition
Name: WALTERS, GRANT
Address: 13726 STEGHORN ROAD
City-St-Zip: TAMPA, FL 33626

Title: STD (X) Change ( ) Addition
Name: ARROYO, MINDY
Address: 8506 FAWN CREEK DRIVE
City-St-Zip: TAMPA, FL 33626

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLENN COHEN PD 04/14/2004

Electronic Signature of Signing Officer or Director — Date