


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90535 019 \*\*\*\*61.25

<b>DOCUMENT # N98000002569</b>	
1. Entity Name <b>FAIRWAY HOMES AT MEADOW OAKS HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>8056 OLD CR 54 NEW PORT RICHEY, FL 34653 US</b>	Mailing Address <b>8056 OLD CR 54 NEW PORT RICHEY, FL 34653 US</b>
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**50046282**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3519009</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>JOHNSON, KIM 8056 OLD CR 54 NEW PORT RICHEY, FL 34653</b>	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEST, CAROL <input checked="" type="checkbox"/> Delete 13719 MEADOW GREEN LANE HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDSD JONES, BESS MAE <input type="checkbox"/> Delete 13707 MEADOW GREEN LANE HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEBOVITZ, HOWARD <input type="checkbox"/> Delete 13208 GOLF RIDGE PLACE HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Donald Taylor <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13127 Golf Ridge Place Hudson, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bess Mae Jones <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Howard Lebovitz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Patricia Ventrice <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13226 Golf Ridge Place Hudson, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Lambert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13307 Golf Ridge place Hudson, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** Harold L. [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #