



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90013 015 ****61.25

DOCUMENT # N98000002569 1. Entity Name FAIRWAY HOMES AT MEADOW OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652 US			Mailing Address 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business - No P.O. Box # 5609 US 19		3. Mailing Address 5609 US 19		 01092007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. Suite E		Suite, Apt. #, etc. Suite E			
City & State New Port Richey		City & State New Port Richey			
Zip 34652		Zip 34652			
Country USA		Country USA		4. FEI Number 59-3519009	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name Community Management Street Address (P.O. Box Number is Not Acceptable) 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 <u>Agent</u> <u>4/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TAYLOR, DONALD 13127 GOLF RIDGE PLACE HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Taylor, Donald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13127 Golf Ridge Pl. Hudson, FL 34669		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JONES, BESS MAE 13707 MEADOW GREEN LANE HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Durnford, David 13215 Golf Ridge Pl. Hudson, FL 34669		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Delete LEBOVITZ, HOWARD 13208 GOLF RIDGE PLACE HUDSON, FL 34669	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Delete VENTRICE, PATRICIA 13226 GOLF RIDGE PLACE HUDSON, FL 34669	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete LAMBERT, JAMES 13307 GOLF RIDGE PLACE HUDSON, FL 34669	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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: <u>Donald S Taylor</u> <u>Donald S Taylor</u> <u>4/19/07</u> <u>727-816-9900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					