

**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
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2. Principal Place of Business - No P.O. Box # 5609 US 19 Suite, Apt. #, etc. Suite E	3. Mailing Address 5609 US 19 Suite, Apt. #, etc. Suite E
City & State New Port Richey Zip 34652	City & State New Port Richey Zip 34652
Country USA	Country USA

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 Zip Code FL 34652
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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 *Agent* **DATE** *4/18/07*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Taylor, Donald 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Burnford, David 13215 GOLF RIDGE PL. Hudson, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEBOVITZ, HOWARD 13208 GOLF RIDGE PLACE HUDSON, FL 34669	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VENTRICE, PATRICIA 13226 GOLF RIDGE PLACE HUDSON, FL 34669	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, JAMES 13307 GOLF RIDGE PLACE HUDSON, FL 34669	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <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: *Donald S. Taylor* **Signature** *4/19/07* **Daytime Phone #** *727-811-9900*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR