2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002569

FILED Apr 21, 2009 Secretary of State

Entity Name: FAIRWAY HOMES AT MEADOW OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:		
	JBLE CREEK F T RICHEY, FL		US				
Current Mailing Address:					New Mailing Address:		
	JBLE CREEK F T RICHEY, FL		US				
FEI Number:	59-3519009	FEI Num	ber Applied For()	FEI Nur	nber Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of Ci	urrent Re	egistered Agent:		Name and	Address of New Registered Agent:	
COMMUNITY MANAGEMENT SERVICES,INC. 5837 TROUBLE CREEK RD. NEW PORT RICHEY, FL 34652 US							
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.							
SIGNATUR	RE:						
Electronic Signature of Registered Agent				nt		Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () I TAYLOR, DONAI 13127 GOLF RII HUDSON, FL 34	OGE PLAC	E		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () I JONES, BESS M 13707 MEADOW HUDSON, FL 34	/ GREEN L	ANE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition JONES, BESS MAE 13707 MEADOW GREEN LANE HUDSON, FL 34669	
Title: Name: Address: City-St-Zip:	VPD () DURNFORD, DA 13215 GOLF RIE HUDSON, FL 34	DGE PL			Title: Name: Address: City-St-Zip:	VP (X) Change () Addition MEST, CARL 13719 MEADOW GREEN LANE HUDSON, FL 34669	
Title: Name: Address: City-St-Zip:	SD () I VENTRICE, PATI 13226 GOLF RII HUDSON, FL 34	OGE PLAC	E		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () I LAMBERT, JAME 13307 GOLF RIE HUDSON, FL 34	OGE PLAC	E		Title: Name: Address: City-St-Zip:	T (X) Change () Addition LEBOVITZ, HOWARD 13208 GOLF RIDGE PLACE HUDSON, FL 34669	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONALD TAYLOR P 04/21/2009