

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007176

FILED
Apr 30, 2009
Secretary of State

Entity Name: FAIRWAY COMMONS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

1485 FITZGERALD ROAD
NORTH PORT, FL 34288

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

1485 FITZGERALD ROAD
NORTH PORT, FL 34288

FEI Number: 65-0893738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BINDER, BRENDA S
1485 FITZGERALD ROAD
NORTH PORT, FL 34288 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.

SIGNATURE: BRENDA S. BINDER

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRAWFORD, GERALD
Address: 3598 ROYAL PALM DR.
City-St-Zip: NORTH PORT, FL 34288

Title: VPD () Delete
Name: RABONE, TOM
Address: 2858 ROYAL PALM DR
City-St-Zip: NORTH PORT, FL 34288

Title: SD () Delete
Name: LAWSON, MARJORIE
Address: 1989 COCONUT PALM CIR
City-St-Zip: NORTH PORT, FL 34288

Title: TD () Delete
Name: WHITE, MAUREEN
Address: 3013 ROYAL PALM DR.
City-St-Zip: NORTH PORT, FL 34288

Title: D (X) Delete
Name: SUMNER, HAL
Address: 2857 ROYAL PALM DR
City-St-Zip: NORTH PORT, FL 34288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: SHERIDAN, BERNADETTE
Address: 1839 COCONUT PALM DRIVE
City-St-Zip: NORTH PORT, FL 34288

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

Title: PD (X) Change () Addition
Name: LAWSON, MARJORIE
Address: 1989 COCONUT PALM CIR
City-St-Zip: NORTH PORT, FL 34288

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 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: MARJORIE LAWSON

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date