


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90015 043 ****61.25

DOCUMENT # N99000003428	
1. Entity Name FAIRWAYS AT SUMMERTREE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business COMMUNITY MANAGEMENT SERVICES, INC. 8056 OLD C.R. 54 NEW PORT RICHEY, FL 34653	Mailing Address C/O COMMUNITY MANAGEMENT SERVICES INC 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652
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2. Principal Place of Business 5609 US 19 Ste E	3. Mailing Address 5609 US 19 Ste E
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State New Port Richey, FL	City & State New Port Richey, FL
Zip 34652	Country USA



01042006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3625213	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT SERVICES, INC. 8056 OLD C.R. 54 NEW PORT RICHEY, FL 34653	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5609 US 19 Ste E City New Port Richey FL Zip Code 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 *[Signature]* DATE 2/14/06

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, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DESORDI, ERNEST 11807 IVYWOOD PLACE NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEMBARI, VINCENT 11821 IVYWOOD PLACE NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andy Smith 12045 Loblolly Pine Dr. New Port Richey, FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LACAVA, MIKE 12047 LOBLOLLY PINE DRIVE NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Vincent chembani 11821 Ivywood Pl. New Port Richey, FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALERBA, ANN 12110 LOBLOLLY PINE DR NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, ED 12119 LOBLOLLY PINE DR NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mike Lacava 12049 Loblolly Pine Dr. New Port Richey, FL 34654 <input type="checkbox"/> Change <input checked="" 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: *Mike Lacava* 2/14/06 727-86-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #