

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90115 028 ****61.25

DOCUMENT # N99000003428					
1. Entity Name FAIRWAYS AT SUMMERTREE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652			Mailing Address 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box # 5837 Trable Creek Rd.		3. Mailing Address 5837 Trable Creek Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 59-3625213	
Zip 34652		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT SERVICES, INC. 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name: Community Management Services Inc. Street Address (P.O. Box Number is Not Acceptable): 5837 Trable Creek Rd. 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: (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
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	D SMITH, ANDY 12045 LOBBOLLY PINE DR NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHEMBARI, VINCENT 11821 IVYWOOD PL NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete			
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	PD LACAVA, MIKE 12049 LOBBOLLY PINE DR NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP Angelo Graziano 11801 Ivywood Pl. New Port Richey, FL 34654			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T Erika Milligan 12114 Loblolly Pine Dr. New Port Richey, FL 34654			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D Ernie Desardi 11801 Ivywood Pl. New Port Richey, FL 34654			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 7/27-816-9900					