

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003428

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** FAIRWAYS AT SUMMERTREE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5837 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5837 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 59-3625213

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT SERVICES, INC.  
5837 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: GRAZIGNO, ANGELO  
Address: 11807 IVYWOOD PLACE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T ( ) Delete  
Name: MILLIGAN, ERIKA  
Address: 12114 LOBLOLLY PINE DR.  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete  
Name: DESORDI, ERNIE  
Address: 11801 IVYWOOD PL  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD ( ) Delete  
Name: MALERBA, ANN  
Address: 12110 LOBLOLLY PINE DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PD (X) Delete  
Name: LACAVA, MIKE  
Address: 12049 LOBBOLLY PINE DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S D (X) Change ( ) Addition  
Name: GRAZIGNO, ANGELO  
Address: 11807 IVYWOOD PLACE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D (X) Change ( ) Addition  
Name: WALTERS, HELEN  
Address: 11814 IVYWOOD PLACE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP (X) Change ( ) Addition  
Name: LACAVA, MIKE  
Address: 12049 LOBBOLLY PINE DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PD (X) Change ( ) Addition  
Name: MALERBA, ANN  
Address: 12110 LOBLOLLY PINE DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

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: ANNE MALBERBA

P

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date