

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004030

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** FAIRWAY VILLAS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

59 CANAL STREET  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

174 WATERCOLOR WAY  
SUITE 402  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

P.O. BOX 4946  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

174 WATERCOLOR WAY  
SUITE 402  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 01-0671032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEUZE, DAVID  
59 CANAL ST  
SANTA ROSA BEACH, FL 32459 US

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

SMITH, CHARLEEN  
174 WATERCOLOR WAY  
SUITE 402  
SANTA ROSA BEACH, FL 32459 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: CHARLEEN SMITH

04/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DEYO, JACK  
Address: 2991 S. DORCHESTER RD  
City-St-Zip: COLUMBUS, OH 43221

Title: DS  
Name: TALBOTT, GAY  
Address: 2220 CAVE SPRING PLACE  
City-St-Zip: ANCHORAGE, KY 40223

Title: DT  
Name: SISKIN, DIANE  
Address: 16 MASTERS COURT  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby 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 all other like empowered.

SIGNATURE: CHARLEEN SMITH

RA

04/05/2010

Electronic Signature of Signing Officer or Director

Date