

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007152

**Entity Name:** FAIRWAYS EDGE AT LA CITA HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 14, 2025**  
**Secretary of State**  
**8741636842CC**

**Current Principal Place of Business:**

1820 CRANE CREEK BLVD  
MELBOURNE, FL 32940

**Current Mailing Address:**

P.O. BOX 560099  
ROCKLEDGE, FL 32956 US

**FEI Number:** 20-0890855

**Certificate of Status Desired:** No

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

AVRIA COMMUNITY MANAGEMENT LLC  
1820 CRANE CREEK BLVD  
MELBOURNE, FL 32940 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:** RENEE BARNHART

**03/14/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP	Title	SECRETARY, TREASURER
Name	TORRES, GARY	Name	GRAVENOR, GLENN
Address	3532 PAR LN	Address	3515 PAR LANE
City-State-Zip:	TITUSVILLE FL 32780	City-State-Zip:	TITUSVILLE FL 32780
Title	PRESIDENT	Title	DIRECTOR
Name	JUSTICE, STEVE	Name	BARRY , HOLBROOK
Address	3593 PAR LANE	Address	3542 PAR LANE
City-State-Zip:	TITUSVILLE FL 32780	City-State-Zip:	TITUSVILLE FL 32780
Title	MANAGER		
Name	AVRIA COMMUNITY MANAGEMENT LLC		
Address	P.O. BOX 560099		
City-State-Zip:	ROCKLEDGE FL 32956		

*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:** RENEE BARNHART

**MANAGER**

**03/14/2025**

Electronic Signature of Signing Officer/Director Detail

Date