

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41184

**Entity Name:** FAIRWAY COVE OF WELLINGTON HOMEOWNERS  
ASSOCIATION, INC.

**FILED**  
**Mar 30, 2015**  
**Secretary of State**  
**CC8979766576**

**Current Principal Place of Business:**

C/O PHOENIX MANAGEMENT  
6131 - B LAKE WORTH ROAD  
GREENACRES, FL 33463

**Current Mailing Address:**

C/O PHOENIX MANAGEMENT  
6131 - B LAKE WORTH ROAD  
GREENACRES, FL 33463 US

**FEI Number: 59-3042990**

**Certificate of Status Desired: No**

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

ROSENTHAL, DAVID  
C/O PHOENIX MANAGEMENT  
6131 - B LAKE WORTH ROAD  
GREENACRES, FL 33463 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MARINO-MANGIOLA, LEONARDA  
Address 2715 LINKSIDE DRIVE  
City-State-Zip: WELLINGTON FL 33414

Title TREASURER  
Name RICHMOND, DAN  
Address 2682 FAIRWAY COVE COURT  
City-State-Zip: WELLINGTON FL 33414

Title VP  
Name GAYES, JOHN  
Address 13310 GREENSHORE PLACE  
City-State-Zip: WELLINGTON FL 33414

Title SECRETARY  
Name CARLTON, LYNN  
Address 2681 FAIRWAY COVE COURT  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name SASSER, DIANE  
Address 200 TURNBERRY COURT SOUTH  
City-State-Zip: ATLANTIS FL 33462

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: LEONARDA MARINO-MANGIOLA**

**PRESIDENT**

**03/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date