FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # 724219 1. Entity Name 94-02-2001 90321 011 ****61.25 FAIRWAY VILLAS, INC. Principal Place of Business Mailing Address 2180 WEST SR 434 2180 W. S.R. 434 00030790 SUITE 5000 SUITE 5000 LONGWOOD FL 32779-5044 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1515952 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, JAMES W. SENTRY MANAGEMENT, INC. 2180 W. STATE ROAD 434, SUITE #5000 Zip Code LONGWOOD FL 32779 FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CR2E037 (10/00) ☑ Delete TITLE TITLE ☐ Change Addition PHILLIPS, RHODA NAME NAME STREET ADDRESS STREET ADDRESS 109 FAIRWAY DRIVE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Addition TITLE Change ☐ Delete TITLE NAME HURST, MAURICE NAME STREET ADDRESS STREET ADDRESS 111 FAIRWAY DRIVE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FAULK, JULIE NAME STREET ADDRESS STREET ADDRESS 102 FAIRWAY DRIVE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 TITLE Delete TITLE ☐ Change ☐ Addition BLACKADAR, KIM NAME STREET ADDRESS STREET ADDRESS 107 FAIRWAY DR CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 TITLE Delete Change ☐ Addition NAME HANNON, EDWARD NAME 100 FAIRWAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 mystee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if