2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752879



FILED May 05, 2003 8:00 am Secretary of State

FAIRWAY N, INC.		TUSCAWILLA HON	MEOWNERS	ASSOCIAT	10		05-	-03-2003 90114 0	150 ****61.	25
Principal Place of Business 52 E SOUTH ST. \$ DON ASHER & ASSOC ORLANDO FL 32801			Mailing Address 52 E SOUTH ST. % DON ASHER & ASSOC ORLANDO FL 32801			1 14 B 1 11 1 B 1 1 1 1 1 1 1 1 1 1 1 1	NABA ININ INKA IKA KAN AINI A	4 (1 010 14 4(8 (1 010	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number 59-2130018 Applied For Not Applicable			<u> </u>
Zip		Country	Zip		Country		5. Certificate of State	us Desired	\$8.75 Add	litional
6. Name and Address of Current			Registered Agent				7. Name and Address of New Registered Agent			
	-,	-			Name		-			,
DON ASHER & ASSOCIATES, INC. 52 EAST SOUTH ST					Street A	Street Address (P.O. Box Number is Not Acceptable)				
ORLAND	O FL 32801									
					City			FI	Zip Cod	•
8. The above	e named entit	y submits this statement fo	r the purpose o	f changing its re	eaistered office o	register	red agent, or both, in the			and accept
	ations of regist			5 5	•	- 9				,
										{
SIGNATURE		or printed name of registered agent	and title if applicable	(NOTE:	Registered Agent signat	ura required	t when reinstation)	DATE	·	
FILE NOW: FEE IS \$61.25				Election Camp	paign Financing		\$5.00 May Be Added to Fees	Make Chec Florida Depa	ck Payable	
1						-	7.0000 10 7 000	Попаа Вера	·	, and
10.		OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CHANGES	TO OFFICERS AND D	IRECTORS IN	10
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NAME	ZIEMANN,				NAME					
STREET ADDRESS CITY-ST-ZIP	1	PRINGS FL 32708			STREET ADDRESS CITY-ST-ZIP					
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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 supplemental 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

28-13