

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90021 030 ****61.25

DOCUMENT # N01204

1. Entity Name

FAIRWOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 6253
 LAKELAND FL 33807-3253

Mailing Address

P.O. BOX 6253
 LAKELAND FL 33807-6253

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0002729

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AUGUST IMPERIAL MANAGEMENT, INC.
5925 IMPERIAL PKWY #110
MULBERRY FL 33860

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	HUNTER, WILLIAM N	6021 TROPHER TRAIL	MULBERRY FL 33860	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	DANIELS, F. DILLON	6006 TROPHER TRAIL	MULBERRY FL 33860	<input type="checkbox"/>	<input type="checkbox"/>
SD	BRENNAN, REGINA G	6070 TROPHER TRAIL	MULBERRY FL 33860	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	REID, WILLIAM W SR	1889 VILLAGE CT	MULBERRY FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	WATKINS, DENNIS C	6238 HATCHER RD	LAKELAND FL 33811	<input type="checkbox"/>	<input type="checkbox"/>
D	DISTAL, WILLIAM B	6095 TOPHER TR.	MULBERRY FL 33860	<input type="checkbox"/>	<input type="checkbox"/>
PD	DEMONT, FREEDA A.	6084 TOPHER TRAIL	MULBERRY, FL 33860	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DEMONT, ROBERT D.	6084 TOPHER TRAIL	MULBERRY, FL 33860	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	BAUDENDISTEL, WILLIAM H.	6093 TOPHER TRAIL		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED 3-15-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP20007 (0/00)