

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

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90096 045 \*\*\*\*61.25

**DOCUMENT # N07194**

1. Entity Name  
**FAIRWAY ASSOCIATION, INC.**



Principal Place of Business  
**4131 GUNN HIGHWAY  
TAMPA FL 33624  
US**

Mailing Address  
**4131 GUNN HIGHWAY  
TAMPA FL 33624  
US**

**30093804**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **59-2493573**  
Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Maura Lear  
Greenacre Properties, Inc.  
4131 Gunn Highway  
Tampa, FL 33624**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maura M. Lear*  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUCCINNA, TONY	
STREET ADDRESS	4131 GUNN HWY	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMPSEY, THOMAS L.	
STREET ADDRESS	4131 GUNN HWY	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BUTLER, LARRY	
STREET ADDRESS	4131 GUNN HWY	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CURRY, JAMES MD	
STREET ADDRESS	4131 GUNN HWY	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENNETT, GEOFFREY	
STREET ADDRESS	4131 GUNN HWY	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *Anthony P. Buccinna* **ANTHONY P. BUCCINNA** 1/17/03 813-991-0112

CR2E037 (10/02)