

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

FILED
May 20, 2003 8:00 am
Secretary of State

04-28-2003 91431 041 ****61.25

DOCUMENT # N07774

1. Entity Name
FAIRWAY WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

1801 GLENGARY STREET 1801 GLENGARY STREET
SARASOTA FL 34231-0603 SARASOTA FL 34231-0603

55042201

2. Principal Place of Business 3. Mailing Address

Lighthouse Mgmt *Lighthouse Mgmt*
Suite, Apt. #, etc. Suite, Apt. #, etc.

16 Church St. *16 Church St.*



CHECK HERE IF MAKING CHANGES

City & State City & State

Osprey FL *Osprey FL*

Zip Country Zip Country

34229 *US* *34229* *US*

4. FEI Number **59-2518713** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONDOMINIUM MGMT INC
1801 GLENGARY ST
SARASOTA FL 34231-0603

7. Name and Address of New Registered Agent

Name: *Gail S. Miller*

Street Address (P.O. Box Number is Not Acceptable)
Lighthouse Mgmt
16 Church St

City *Osprey* FL Zip Code *34229*

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 *Gail S. Miller* DATE *4/25/03*

Signature typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	SD BILLING, PETER H MR 7711 FAIRWAY WOODS DR SARASOTA FL 34238-2861	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOS, JAMES I 7604 FAIRWAY WOODS DRIVE SARASOTA FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COMER, MARIAN 7560 FAIRWAY WOODS DRIVE SARASOTA FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, GAIL S 7688 FAIRWAY WOODS DRIVE SARASOTA FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, CAROLYN MRS 7674 FAIRWAY WOODS DR. SARASOTA FL 34238	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, DONALD 7783 FAIRWAY WOODS DRIVE SARASOTA FL 34238	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES BOS 7604 FAIRWAY WOODS DR. SARASOTA, FL. 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WORTHY ROGERS 1760 FAIRWAY WOODS DR. SARASOTA, FL. 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J.S. Andrews 7669 FAIRWAY WOODS DR. SARASOTA, FL. 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herb Redemike 7692 FAIRWAY WOODS DR SARASOTA, FL. 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arthur Weitzner PO BOX 1802P SARASOTA, FL. 34276	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/22/03* Daytime Phone # *941-861-7310*

CR2E037 (10/02)