

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14284 (6)**  
1. Corporation Name  
**FAIR OAKS COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>C/O W D BEARDEN 5180 BURNT HICKORY RD KENNESAW GA 30152 US</b>	Mailing Address <b>C/O W D BEARDEN 5180 BURNT HICKORY RD KENNESAW GA 30152 US</b>
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3. Date Incorporated or Qualified <b>04/09/1986</b>		
4. FEI Number <b>58-1677174</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**BEARDEN, WILLIAM D  
16911 W HWY 98A  
#D-2  
PANAMA CITY BEACH FL 32407**

10. Name and Address of New Registered Agent  
81 Name **Hess, Brian D.**  
82 Street Address (P.O. Box Number is Not Acceptable) **9108 Front Beach Road**  
83 **P.O. Box 9454**  
84 City **Panama City Beach FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. **MR. Hess signed in 1997. SIGNATURE**  
SIGNATURE **Not Required per Ms. Amy Alan,**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>HOLBROOK, NORRIS R.</b>	
STREET ADDRESS	<b>1025 ARDEN DR</b>	
CITY-ST-ZIP	<b>MARIETTA GA</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>PICKEN, JAMES C</b>	
STREET ADDRESS	<b>4470 BRAZOS DR</b>	
CITY-ST-ZIP	<b>SMYRNA GA</b>	
TITLE	<b>DS</b>	<input type="checkbox"/>
NAME	<b>BEARDEN, VIVIAN W</b>	
STREET ADDRESS	<b>5180 BURNT HICKORY RD</b>	
CITY-ST-ZIP	<b>KENNESAW GA</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Vivian W. Bearden, Vivian W. Bearden 4/17/98 770-428-3719**

CR2E037 (10/97)