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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14284

1. Corporation Name
FAIR OAKS COMMUNITY ASSOCIATION, INC.

Principal Place of Business C/O W D BEARDEN 5180 BURNT HICKORY RD KENNESAW GA 30152 US	Mailing Address C/O W D BEARDEN 5180 BURNT HICKORY RD KENNESAW GA 30152 US
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c/o Vivian W. Bearden *c/o Vivian W. Bearden*



2. Principal Place of Business 21 1318 Parkview LN, NW	2a. Mailing Address 26 1318 Parkview LN, NW	3. Date Incorporated or Qualified 04/09/1986
Suite, Apt. #, etc. 22 Kennesaw GA	Suite, Apt. #, etc. 27 Kennesaw GA	4. FEI Number 58-1677174
City & State 23 30152-4770 US	City & State 28 30152-4770 US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

HESS, BRIAN D
9108 FRONT BEACH ROAD
P O BOX 9454
PANAMA CITY BEACH FL 32407

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *[Signature]* **4/3/99 770-428-3719**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

091647

CR2E037-(1/198)