

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90069 022 *****61.25

DOCUMENT # N14284

1. Entity Name

FAIR OAKS COMMUNITY ASSOCIATION, INC.

C0043679



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O VIVIAN W. BEARDEN 1318 PARKVIEW LN. NW KENNESAW GA 30152-4770 US	Mailing Address C/O VIVIAN W. BEARDEN 1318 PARKVIEW LN. NW KENNESAW GA 30152-4770 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 58-1677174	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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
 Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1318 Parkview Ln NW
CITY-ST-ZIP	Kennesaw GA 30152-4770
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Vivian Bearden* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date: **4/7/01** Daytime Phone #: **770-428-3719**

CR2E037 (10/00)