

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90027 003 \*\*\*\*61.25

**DOCUMENT # N14284**

1. Entity Name

**FAIR OAKS COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**C/O VIVIAN W. BEARDEN  
 1318 PARKVIEW LN. NW  
 KENNESAW GA 30152-4770  
 US**

**C/O VIVIAN W. BEARDEN  
 1318 PARKVIEW LN. NW  
 KENNESAW GA 30152-4770  
 US**

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

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D**  Delete  
 NAME: **HOLBROOK, NORRIS R.**  
 STREET ADDRESS: **1025 ARDEN DR**  
 CITY-ST-ZIP: **MARIETTA GA**

TITLE:  Change  Addition  
 NAME: **Easwell, Don**  
 STREET ADDRESS: **3317 Pretty Branch Dr.**  
 CITY-ST-ZIP: **Smyrna, GA 30080**

TITLE: **D**  Delete  
 NAME: **PICKEN, JAMES C**  
 STREET ADDRESS: **4470 BRAZOS DR**  
 CITY-ST-ZIP: **SMYRNA GA**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE: **DS**  Delete  
 NAME: **BEARDEN, VIVIAN W**  
 STREET ADDRESS: **1318 PARKVIEW LN NW**  
 CITY-ST-ZIP: **KENNESAW GA 30152**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  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: **Vivian W. Bearden** *Vivian W. Bearden* 4/18/02 770-428-3719  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)