

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90316 044 ****61.25

DOCUMENT # N14284
 1. Entity Name
FAIR OAKS COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O VIVIAN W. BEARDEN **C/O VIVIAN W. BEARDEN**
1318 PARKVIEW LN, NW **1318 PARKVIEW LN, NW**
KENNESAW GA 30152-4770 **KENNESAW GA 30152-4770**
US **US**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

MOORE CR2E037 (11/03)

4. FEI Number **58-1677174** Applied For Not Applicable

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



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	D	<input type="checkbox"/> Delete
NAME	CASWELL, DON	
STREET ADDRESS	3317 PRETTY BRANCH DRIVE	
CITY-ST-ZIP	SMYRNA GA 30080	
TITLE	D	<input checked="" 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	1318 PARKVIEW LN NW	
CITY-ST-ZIP	KENNESAW GA 30152	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert M. Gooden	
STREET ADDRESS	239 Angla Drive	
CITY-ST-ZIP	Smyrna, GA 30082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 4/16/04 770-428-3719
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #