

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N14284

1. Entity Name
FAIR OAKS COMMUNITY ASSOCIATION, INC.



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**



02082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: CASWELL, DON
STREET ADDRESS: 3317 PRETTY BRANCH DRIVE
CITY-ST-ZIP: SMYRNA, GA 30080

TITLE: D
NAME: GOODEN, ROBERT M
STREET ADDRESS: 239 ANGLA DRIVE
CITY-ST-ZIP: SMYRNA, GA 30082

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

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

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

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

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04/18/05-80025-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* 4/13/05 770-428-3719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #