


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

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



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



04022006 No Chg-NP CRZE037 (11/05)

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|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>58-1677174</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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**

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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, 2006**

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

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CASWELL, DON<br>3317 PRETTY BRANCH DRIVE<br>SMYRNA, GA 30080    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GOODEN, ROBERT M<br>239 ANGLA DRIVE<br>SMYRNA, GA 30082         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>BEARDEN, VIVIAN W<br>1318 PARKVIEW LN NW<br>KENNESAW, GA 30152 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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 04/26/06-80110-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/10/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #