2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR M

SIGNATURE:

FILED **DOCUMENT # N21406** May 09, 2000 8:00 am Secretary of State 1. Entity Name FAIRWAY WOODS OF CROSS CREEK CONDOMINIUM ASSOCIA 05-09-2000 90081 009 ****61.25 Mailing Address Principal Place of Business P.O. B OX 61358 6371 ARC WAY SUITE 2 FT MYERS FL 33912 FT MYERS FL 33906 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2874696 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WORKMAN, DAVID J. C/O PARAGON PROPERTY MANAGEMENT 6371-2 ARC WAY Zip Code City FT MYERS FL 33912 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) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition PD TITLE TITLE ☐ Defete NAME GOULART, THOMAS NAME STREET ADDRESS STREET ADDRESS 12500 COLDSTREAM DR #309 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL Change ☐ Addition DVP Delete TITLE TITLE NAME SHORT, VANNA NAME STREET ADDRESS 12540 COLD STREAM DR #104 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP FT MYERS FL ☐ Addition ☐ Change DST TITLE ☐ Delete TITLE MEAGHER, PATRICIA A. NAME STREET ADDRESS STREET ADDRESS 12520 COLD STREAM DR #206 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL ☐ Change Addition DV ☐ Delete TITLE SHAW, JOHN NAME STREET ADDRESS STREET ADDRESS 12520 COLD STREAM DR #204 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33912 TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

941-277-0112