

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90311 024 ****61.25

DOCUMENT # N21406

1. Entity Name

FAIRWAY WOODS OF CROSS CREEK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779-5044**

**P.O. B OX 61358
 FT MYERS FL 33906-1358**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2874696

Applied For

Not Applicable

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

**HART, JAMES W JR.
 % SENTRY MANAGEMENT INC
 2180 WSEST SR 434 - STE 500
 LONGWOOD FL 32779**

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: **VPD** Delete
 NAME: **GIBBONS, DAVID**
 STREET ADDRESS: **12540 COLDSTREAM DRIVE, STE 112**
 CITY-ST-ZIP: **FORT MYERS FL 33912**

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

TITLE: **STD** Delete
 NAME: **RYAN, IRENE**
 STREET ADDRESS: **12500 COLDSTREAM DRIVE, STE 307**
 CITY-ST-ZIP: **FORT MYERS FL 33912**

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

TITLE: **PD** Delete
 NAME: **SHAW, JOHN**
 STREET ADDRESS: **12520 COLD STREAM DR #204**
 CITY-ST-ZIP: **FT MYERS FL 33912**

TITLE: **VD** Change Addition
 NAME: **Moran, Edward**
 STREET ADDRESS: **12500 Cold Stream Drive #306**
 CITY-ST-ZIP: **Pt Myers, FL 33912**

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

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

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

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

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

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

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: SIGNATURE REQUIRED Ryan

3/7/2002 941-277-0112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

UBR/UBR

CR2E037 (9/01)