


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90981 027 ****61.25

DOCUMENT # N21406C
1. Entity Name
FAIRWAY WOODS OF CROSS CREEK CONDO ASSOCIATION



DO NOT WRITE IN THIS SPACE

11022074

2. Principal Place of Business
2180 W SR 434
Suite, Apt. #, etc.
SUITE 5000
City & State
LONGWOOD FL

3. Mailing Address
2180 W SR 434
Suite, Apt. #, etc.
SUITE 5000
City & State
LONGWOOD, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2874696

Applied For
Not Applicable

Zip
32779

Country
US

Zip
32779

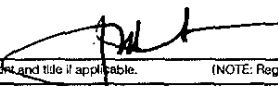
Country
US

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

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7. Name and Address of Current Registered Agent
JAMES W HART JR
SENTRY MANAGEMENT-INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779

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 4/21/03

IFEE IS \$61.25
Initial or Amended UBR

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 PD
NAME IRENE RYAN
STREET ADDRESS 12500 COLD STREAM # 307
CITY-ST-ZIP FT. MYERS, FL 33912

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE UPD
NAME DAVID GIBBONS
STREET ADDRESS 12540 COLD STREAM # 112
CITY-ST-ZIP FT. MYERS, FL 33912

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE TD
NAME ED MORAN
STREET ADDRESS 12500 COLD STREAM DR. # 306
CITY-ST-ZIP FT. MYERS, FL 33912

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE: Irene Ryan Irene Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-03

239-768-9233

Date Daytime Phone #

CR2E037B (12/02)