

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


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

04-28-2003 90485 008 ****61.25

DOT 2003

DOCUMENT # N22295

1. Entity Name
FAIRWAY WOODS OF CROSS CREEK II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779-5044**

Mailing Address
**2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779-5044**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0032899**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST STATE ROAD 434, SUITE 5000
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | CAMPBELL, JAMES | |
| STREET ADDRESS | 305 BRAEHEAD DR. | |
| CITY-ST-ZIP | FREDERICKSBURG VA 22401 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DAUWALDER, ROBERT | |
| STREET ADDRESS | 12501 COLD STREAM DR #412 | |
| CITY-ST-ZIP | FORT MYERS FL 33912 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | NEGUS, THOMAS F III | |
| STREET ADDRESS | 12561 COLD STREAM DR #511 | |
| CITY-ST-ZIP | FT MYERS FL 33912 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | SALOMON, STAN | |
| STREET ADDRESS | 12521 COLD STREAM DR #510 | |
| CITY-ST-ZIP | FT MYERS FL 33912 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | LEMIRE, DONALD | |
| STREET ADDRESS | 12501 COLDSTREAM DRIVE #410 | |
| CITY-ST-ZIP | FORT MYERS FL 33912 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEMIRE, DONALD | |
| STREET ADDRESS | 12501 COLD STREAM DR. #410 | |
| CITY-ST-ZIP | FT. MYERS, FL 33912 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald G. Lemire **REQUIRED** Donald G. Lemire 3/25/03 561-1492

CR2E037 (10/02)