2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N24987 May 16, 2000 8:00 am 1. Entity Name **Secretary of State** THE FAIRWAY LAKES OWNERS' ASSOCIATION, INC. 05-16-2000 90151 033 ****61.25 Principal Place of Business Mailing Address 1950 BLUEWATER BLVD. 1950 BLUEWATER BLVD. NICEVILLE FL 32578-3879 NICEVILLE FL 32588-0247 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2883265 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent John Nelson Street Address (P.O. Box Number is Not Acceptable) SALSBURY, MARK 812 FAIRWAY LAKES DR 823 Fairway Lakes Drive NICEVILLE FL 32578 Zip Code <u>Niceville</u> 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 Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ☐ Change ★ Addition TITLE TITLE **X**XDelete John Nelson NAME NAME SALSBURY, MARK STREET ADDRESS STREET ADDRESS 823 Fairway Lakes Drive 821 FAIRWAY LAKES DR CITY-ST-ZIP CITY-ST-ZIP <u>Niceville, FL 32578</u> NICEVILLE FL 32578 ☐ Change Addition TITLE TITLE STD **K**Delete Walter Prichard NAME NAME PRITCHARD, JOYCE STREET ADDRESS STREET ADDRESS 717 Putter Drive 717 PUTTER DR CITY-ST-ZIP CITY-ST-7IP **NICEVILLE FL 32578** Niceville, FL 32578 Addition Change TITLE TITLE ۷D □ Delete NAME NAME SAUNDERS, BILL STREET ADDRESS STREET ADDRESS 743 PUTTER DR CITY-ST-ZIP CITY-ST-ZIP NICEVILLE FL 32578 Change ☐ Addition TITLE □ Delete TITLE NAME NAME WILLIAMS, RANDY STREET ADDRESS STREET ADDRESS 832 FAIRWAY LAKES DR CITY-ST-ZIP CITY-ST-ZIP NICEVILLE FL 32578 ☐ Addition K Change TITLE ☐ Delete TITLE CorneliaaBoone NAME **BOONE, CORNELLIA** STREET ADDRESS STREET ADDRESS 815 Fairway Lakes Drive 815 FAIRWAY LAKES DR CITY-ST-ZIP CITY-ST-ZIP NICEVILLE FL 32578 Niceville, FL 32578 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME Dottie Atkins STREET ADDRESS STREET ADDRESS 731 Putter Drive CITY-ST-ZIP CITY-ST-ZIP Niceville, FL 32578 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.