

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90181 005 ****61.25

DOCUMENT # N24987

1. Entity Name

THE FAIRWAY LAKES OWNERS' ASSOCIATION, INC.

Principal Place of Business

1950 BLUEWATER BLVD.
 NICEVILLE FL 32588-0247
 US

Mailing Address

1950 BLUEWATER BLVD.
 NICEVILLE FL 32588-0247
 US

00065996



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2883265

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NELSON, JOHN
 823 FAIRWAY LAKES DR
 NICEVILLE FL 32578

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 NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, JOHN 823 FAIRWAY LAKES DR NICEVILLE FL 32578	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRICHARD, WALTER 717 PUTTER DR NICEVILLE FL 32578	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAUNDERS, BILL 743 PUTTER DR NICEVILLE FL 32578	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, RANDY 832 FAIRWAY LAKES DR NICEVILLE FL 32578	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOONE, CORNELIA 815 FAIRWAY LAKES DR NICEVILLE FL 32578	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, DOTTIE 731 PUTTER DR NICEVILLE FL 32578	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VP NAME STREET ADDRESS CITY-ST-ZIP	B.J. GROSS 817 FAIRWAY LAKES DR. Niceville, FL 32578 ☒ Change ☐ Addition
S NAME STREET ADDRESS CITY-ST-ZIP	BETH VISINTINE 831 FAIRWAY LAKES DR. Niceville FL. 32578 ☒ Change ☐ Addition
D NAME STREET ADDRESS CITY-ST-ZIP	DIANE STEPHENSON 837 FAIRWAY LAKES DR. Niceville, FL. 32578 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: Walter Prichard **UBR**

May 1, 2001 850-897-1621

CR2E037 (10/00)