2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90361 042 ****61.25

DOCUMENT # N24987

1. Entity Name

THE FAIRWAY LAKES OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1950 BLUEWATER BLVD. NICEVILLE FL 32588-0247 US	1950 BLUEWATER BLVD. NICEVILLE FL 32588-0247 US

DO NOT WRITE IN THIS SPACE

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 59-2883265 ☐ 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
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	President BJ GROSS 817 Fairway Lakes Dr Niceville Fl 32578	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRICHARD, WALTER 717 PUTTER DR NICEVILLE FL 32578	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer AL CRAFT 747 Putter Dr Niceville Fl 32578	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GROSS, B. J. 817 FAIRWAY LAKES DR NICEVILLE FL 32578	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P John Burgess 828 Fairway Lakes Dr Niceville Fl 32578	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VISINTINE, BETH 831 FAIRWAY LAKES DR NICEVILLE FL 32578	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tom Palmer 818 Fairway Lake Dr Niceville Fl 32578	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPHENSON, DIANE 837 FAIRWAY LAKES DR NICEVILLE FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary	☒ Change ☐ Addition
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

CR2E037 (9/01)

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: Betty J. Gross SIGNATURE REQUIRED 29 April 02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #