

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90102 025 ****61.25

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

DOCUMENT # N36887					
1. Entity Name FAIRWAYS AT ROLLING HILLS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 206 N 3RD ST LEESBURG, FL 34788 US			Mailing Address 206 N 3RD ST LEESBURG, FL 34788 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2995391	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, RONALD D 8524 NE 136TH AVE LADY LAKE, FL 32159				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: _____ (NOTE: Registered Agent's signature required when submitting)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BROWN, RONALD D.		NAME		
STREET ADDRESS	5023 CR 125		STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HOPKINS, MICKEY A.		NAME		
STREET ADDRESS	34213 WASHINGTON ST		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WILEY, LEE		NAME		
STREET ADDRESS	206 N 3RD ST		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Lee Wiley</u> <u>LEE WILEY</u> <u>3-10-03</u> <u>352-787-8482</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

10038226



☐ CHECK HERE IF MAKING CHANGES

032E037 (10/02)