

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90215 031 \*\*\*61.25

**DOCUMENT # N94000003525**

1. Entity Name

**FAIRWAYS & GREENS CONDOMINIUM ASSOCIATION INC.**

Principal Place of Business

Mailing Address

3300-3360 BENEVA ROAD  
 BOX 100  
 SARASOTA FL 34232

3300-3360 BENEVA ROAD  
 BOX 100  
 SARASOTA FL 34232-4570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0520202**

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

**PETERSEN, PETER**  
**3300-3360 BENEVA RD.**  
**BOX 100**  
**SARASOTA FL 34232**

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

*Peter Petersen*

(NOTE: Registered Agent signature required when reinstating)

DATE

**APR - 29 - 2000**

**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  Delete  
 NAME **PD**  
**PETERSEN, PETER A**  
 STREET ADDRESS **3360 BENEVA RD. #123**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T**  
**MCGANN, JOHN**  
 STREET ADDRESS **3300 BENEVA RD. #233**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD**  
**MESSINA, ANN**  
 STREET ADDRESS **3300 BENEVA RD. #234**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD**  
**ALEXANDER, PHYLLIS**  
 STREET ADDRESS **3300 BENEVA RD. #234**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T**  
**ZOSS, GENE MRS.**  
 STREET ADDRESS **3360 BENEVA RD. #114**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*Peter Petersen*  
**PETER PETERSEN, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(941) 923-6157**

Daytime Phone #

CR2E (1/7/99)