

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002356

1. Entity Name

THE PRESERVE AT FAIRWAY OAKS HOMEOWNER'S ASSOCIA

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90086 027 ****61.25

Principal Place of Business 2180 WEST SR 434, STE 5000 LONGWOOD FL 32779-5044 US	Mailing Address 2180 WEST SR 434, STE 5000 LONGWOOD FL 32779 US
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2. Principal Place of Business 10730 U. S. 19 Suite, Apt. #, etc. Suite 17	3. Mailing Address 10730 U. S. 19 Suite, Apt. #, etc. Suite 17
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City & State Port Richey, FL	City & State Port Richey, FL
Zip 34668	Country Pasco

4. FEI Number 59-3185421	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NORTON, DAVE 4800 MILE STRETCH DR. HOLIDAY FL 34690
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7. Name and Address of New Registered Agent Name Qualified Property Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 10730 U. S. 19 Suite 17 City Port Richey FL Zip Code 34668
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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 *R. Small* (AGENT) DATE 3/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NORTON, DAVID C 6709 RIDGE RD. PORT RICHEY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLEEMAN, GEORGE K 6709 RIDGE RD., PORT RICHEY FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVA, SUSAN 6709 RIDGE RD., PORT RICHEY FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *D. C. Norton* D. C. NORTON, PRES. 3-29-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)