

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002356

1. Entity Name

THE PRESERVE AT FAIRWAY OAKS HOMEOWNER'S ASSOCIA

Principal Place of Business

10730 US 19
SUITE 17
PORT RICHEY FL 34668
US

Mailing Address

10730 US 19
SUITE 17
PORT RICHEY FL 34668
US

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

59-3185421

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

QUALIFIED PROPERTY MAN. INC.
10730 US 19
SUITE 17
PORT RICHEY FL 34668

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
DP
NORTON, DAVID C
6709 RIDGE RD.
PORT RICHEY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SLEEMAN, GEORGE K
6709 RIDGE RD.,
PORT RICHEY FL 34668 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
A. Lundy Crabb
6709 Ridge Rd.
Port Richey, FL 34668 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SILVA, SUSAN
6709 RIDGE RD.,
PORT RICHEY FL 34668 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Johanna D'Andrea
6709 Ridge Rd.
Port Richey, FL 34668 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID C. NORTON, PRES. 2-22-01

00029294



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)