

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90098 009 \*\*\*\*61.25

**DOCUMENT # N25579**

1. Entity Name

**FAIRWAY COVE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

2180 W SR 434  
 SUITE 5000  
 LONGWOOD FL 32779  
 US

Mailing Address

2180 W SR 434  
 SUITE 5000  
 LONGWOOD FL 32779  
 US

**00031643**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2898719**

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

HART, JR J W.  
 SENTRY MANAGEMENT, INC.  
 2180 W. SR 434, SUITE 5000  
 LONGWOOD FL 32779

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	PD D'UVA, STINA	<input type="checkbox"/> Delete
STREET ADDRESS	6710 FAIRWAY COVE DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE NAME	VD1 LONDO, MICHEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5727 FAIRWAY COVE DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE NAME	VD2 AGNEW, MARTHA	<input type="checkbox"/> Delete
STREET ADDRESS	1112 ZACHARY WAY	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE NAME	TD WRIGHT, LOVELLE	<input type="checkbox"/> Delete
STREET ADDRESS	6648 CRISTINA MARIE DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE NAME	SD FRANK, MITCH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6613 CRENSHAW DR	
CITY-ST-ZIP	ORLANDO F 3283	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	SD WISE, JERRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1131 ZACHARY WAY	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE NAME	VD2 SIVIGLIA, ELLYN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6631 CRENSHAW DR	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE NAME	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

Date

Daytime Phone #

CR2E037 (10/00)