

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01204

1. Entity Name

FAIRWOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 6253
LAKELAND FL 33807-3253

P.O. BOX 6253
LAKELAND FL 33807-3253

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

65-0002729

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

AUGUST IMPERIAL MANAGEMENT, INC.
5925 IMPERIAL PKWY #110
MULBERRY FL 33860

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 D
NAME SIPES, ROBERT
STREET ADDRESS 6034 TOPHER TRAIL
CITY-ST-ZIP MULBERRY FL 33860 ☒ Delete

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

TITLE PD
NAME DANIELS, F. DILLON
STREET ADDRESS 6006 TROPHER TRAIL
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

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

TITLE D
NAME HOWE, ROBERT
STREET ADDRESS 15 BARNES ST
CITY-ST-ZIP GOUVERNEUR NY 13642 ☐ Delete

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

TITLE D
NAME DEROSA, DONATO
STREET ADDRESS 17 ARLINGTON PARK
CITY-ST-ZIP CANANDAIGUA NY 14424 ☒ Delete

TITLE D
NAME RYAN WEST
STREET ADDRESS 6037 TOPHER TRAIL
CITY-ST-ZIP MULBERRY, FL. 33860 ☐ Change ☒ Addition

TITLE STD
NAME WATKINS, DENNIS C
STREET ADDRESS 6238 HATCHER RD
CITY-ST-ZIP LAKELAND FL 33811 ☐ Delete

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

TITLE VPD
NAME BAUDENDISTEL, WILLIAM H
STREET ADDRESS 6093 TOPHER TRAIL
CITY-ST-ZIP MULBERRY FL 33860 ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90370 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)