

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23074

1. Entity Name

THE FAIRWAYS NEIGHBORHOOD ASSOCIATION, INC.

FILED

Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90064 021 *****61.25

0094551

Principal Place of Business 2180 W. SR 434 STE. 5000 LONGWOOD FL 32779 US	Mailing Address 2180 W. SR 434 5000 LONGWOOD FL 32779 US
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2. Principal Place of Business 5100 Town Center Blvd. Suite, Apt. #, etc.	3. Mailing Address 5100 Town Center Blvd. Suite, Apt. #, etc.
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City & State ORLANDO FL	City & State ORLANDO, FL
Zip 32837	Zip 32837
Country USA	Country USA

4. FEI Number 59-2882640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W SR 434, STE. 5000
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name Robert L. Taylor
Street Address (P.O. Box Number is Not Acceptable)
850 Concourse Parkway South
Suite 105
City Maitland FL Zip Code 32751

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 ROBERT L. TAYLOR 1/23/02
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. <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	PD SHELDON, RONALD 3038 ZAHARIAS DRIVE ORLANDO FL 32837 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PERO, ROBERT 3044 ZAHARIAS DRIVE ORLANDO FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNG, GEORGE 3147 ZAHARIAS DR ORLANDO FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Gwendolyn B. Winemiller 3008 ZAHARIAS DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" 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 2/11/02 407 438-9055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gwendolyn B. Winemiller Date Daytime Phone #

CR2E037 (9/01)