2002 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2002 8:00 am Secretary of State DOCUMENT # **743098** 1. Entity Name FAIRWAY VILLAS CONDOMINIUM ASSOCIATION OF SEBRIN 02-28-2002 90011 021 ****61.25 G. INC. Principal Place of Business Mailing Address 3800 EDGEWATER DR. 3107-MONZA-DR SEBRING FL 33872 SEBRING FL 33872 H8-2. Principal Place of Business 3. Mailing Address O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2223808 Not Applicable ebri Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JERRY L. JACKSON 6732 CONCORD St. Street Address (P.O. Box Number is Not Acceptable) ELMORE, B. R. 9107 MONZA DR **CEBRING FL 33872**-SebRING, FL 33876-7609 Zip Code **33** & 76 - 760 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. 2-6-02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DPDVP (9/01) TITLE ☐ Delete TITLE Addition NYE, JOAN NAME NAME STREET ADDRESS 6291 BURGER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEARBORN HEIGHTS MI 48927 DP TITLE **⊠** Delete TITLE Change Change ☐ Addition DOMAKO, ROBERT 7950 CHARlesworth FISCHER, MARVIN NAME NAME STREET ADDRESS 3805 EDGEWATER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL DEAR BORN Heights, MI DS Delete TITLE Addition MILLER, Hilde PLUNK: TED NAME STREET ADDRESS 3821 EDGEWATER DR STREET ADDRESS P.O. BOX 157 CITY-ST-ZIP CITY-ST-7IP SEBRING FL 33872 Suttons BAY, MI TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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