

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0057140

DOCUMENT # 747610

1. Entity Name

FAIRWAY VILLAS OF MILES GRANT ASSOCIATION, INC.

04-02-2002 90145 015 ****61.25

Principal Place of Business

Mailing Address

**5276 SE SEA ISLAND WAY
 STUART FL 34997**

**5276 SE SEA ISLAND WAY
 STUART FL 34997**

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

59-2023772

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

**CORNETT, JANE L
 401 E OSCEOLA ST
 STUART FL 34995**

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	PD HICKS, WILLIAM 5271 SE SEA ISLAND WAY STUART FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILBUR, WRIGHT 5235 S.E. SEA ISLAND WAY STUART FL 34997	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDD, THOMAS 5249 SE SEA ISLAND WAY STUART FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBIN, SYLVIA 5203 S E SEA ISLAND WAY STUART FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOWDLER, T.W. EDWARD 5277 S.. SEA ISLAND WAY STUART FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIOR, WALTER 5245 SE SEA ISLAND WAY STUART FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HICKS, SANDRA N. 5271 S.E. SEA ISLAND WAY STUART, FL 34997	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	☐ 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: *W. Hicks* **REQUIRED** *WILLIAM L HICKS* *3/28/02* *772 283 6931*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Attachment

10. OFFICERS AND DIRECTORS CONTINUED

D
LORENZETTI, DAN
5221 S. E. SEA ISLAND WAY
STUART, FL 34997

747610
756435

DeSoto Henry Smithers
