2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State
07-28-2000 90003 006 ****61.25

DOCUMENT # 749390

1. Entity Name

FAIRWAY VILLAS PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
5640 MASHIE CIRCLE NORTH PORT FL 34287	5640 MASHIE CIRCLE NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

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 59-2112217 ☐ 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
~~COCHRANE, ROBERT~~ ~~5701 NIBLICK CR.~~ ~~NORTH PORT FL 34287~~	Name: CARL AL. Street Address (P.O. Box Number is Not Acceptable): 5100Niblick: North Port Fl. 34287 City: North Port **FL** Zip Code: 34287

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: X AL: CARL: President
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
After September 13, 2000 min. will be $236.25

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	D ~~MCELROY, WILLIAM~~ ~~6700 SO BISCAYNE DR~~ ~~NORTH PORT FL 34287~~	☒ Delete	D Vice Pres. THOMPSON: ROGER 5964 Mashie: North Port 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~BROWN, JANE~~ ~~5585 BRASSY CIR.~~ ~~NORTH PORT FL 34287~~	☒ Delete	Director Farmer; Frank 5391 Fairway Blvd; North Port	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~COFFEY, CHARLENE~~ ~~3757 MASHIE CIR.~~ ~~N.P. FL 34287~~	☒ Delete	Treas. Linda Soffron 5696 Niblick North Port	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XXX D POTOCKI, DIANA 5590 NIBLICK CIR NORTH PORT FL 34428	☐ Delete	Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XXX President CARL, AL 5100 NIBLICK NORTH PORT FL 34287	☐ Delete	President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XXX Secretary STEVENS, ANN 5390 BRASSY CIRCLE NORTH PORT FL	☐ Delete	Director Cochrane, Robert 5701 Niblick; North Port	☒ Change ☐ Addition

CR2E037 (5/00)

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: Vice-Pres. Roger Thompson 7/03/00 (941) 426-5178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #