2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90181 050 ****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
CARL, AL 5100 NIBLICK NORTH PORT FL 34287	Name: ROGER THOMPSON Street Address (P.O. Box Number is Not Acceptable): 5964 Mashie 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: ROGER THOMPSON PRESIDENT 3/12/01
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	D ~~MCELROY, WILLIAM~~ ~~6700 SO BISCAYNE DR~~ NORTH PORT FL 34287	XXX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VIP Linda Soffron 5696 Niblick : North Port FL 34287 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~BROWN, JANE~~ ~~5585 BRASSY CIR.~~ NORTH PORT FL 34287	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary BarbaradeHaven 5301 Brassy North Port, FL 34287 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~COFFEY, CHARLENE~~ ~~3757 MASHIE CIR.~~ N.P. FL 34287	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Don House 5712 Niblick North Port FL 34287 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~POTOCKI, DIANA~~ ~~5590 NIBLICK CIR~~ NORTH PORT FL 34428	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Director~~ Al Carl 5100 Niblick North Port FL 34287 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director ~~CARL, AL~~ ~~5100 NIBLICK~~ NORTH PORT FL 34287	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bob Cochrane 5701 Niblick; NorthPort Fl.34287 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~STEVENS, ANN~~ ~~5300 BRASSY CIRCLE~~ NORTH PORT FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Diana Potocki 5590 Niblick North Port Fl.34287 ☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 3/12/01 941-426-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #