2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90425 041 ****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

☐ CHECK HERE IF MAKING CHANGES

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
~~THOMPSON, ROGER~~ ~~5904 MASHIE~~ ~~NORTH PORT FL 34287~~	Name CARL, AL Street Address (P.O. Box Number is Not Acceptable) 5100 NIBLICK CIRCLE City NORTH PORT, FL 34287 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE A L Carl AL CARL

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SOEFRON, LINDA 5696 NIBLICK NORTH PORT FL 34287	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. ~~JANE~~ BROWNING 5685 BRASSY CIRCLE NORTH PORT, FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEHAVEN, BARBARA 5301 BRASSY NORTH PORT FL 34287	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HENDERSON, DAVE 5701 MASHIE CIRCLE NORTH PORT, FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOUSE, DON 5712 NIBLICK N.P. FL 34287	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. PLYTON, ELEANORE 5230 NIBLICK CIRCLE NORTH PORT, FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARL, AL 5100 NIBLICK NORTH NORTH PORT FL 34287	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS. CARL, AL 5100 NIBLICK CIRCLE NORTH PORT, FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COCHRANE, BOB 5701 NIBLICK NORTH PORT FL 34287	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. FRIDINGER, RICHARD 5485 BRASSY CIRCLE NORTH PORT, FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POTOCKI, DIANA 5590 NIBLICK NORTH NORTH PORT FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. MILANYTCH, NICKOLAS. 5301 FAIRWAY BLVD. NORTH PORT, FL 34287	☐ Change ☒ Addition

CR2E037 (10/02)

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: ~~A L Carl~~ SIGNATURE REQUIRED A.L CARL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date