

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90078 009 *****61.25

DOCUMENT # 758846

1. Entity Name

THE FAIRWAYS AT SANDESTIN HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

**10221 HIGHWAY 98 W
 SUITE 23
 DESTIN FL 32550
 US**

Mailing Address

**10221 HIGHWAY 98 W
 SUITE 23
 DESTIN FL 32550
 US**

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 **59-2133467**

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

**GELDER, JAY B
 EMERALD COAST ASSOCIATION MGMT
 10221 HWY 98 WEST STE 23
 DESTIN FL 32550**

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 *Jay B Gelder*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/4/02**

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 ☐ Delete
 NAME **WILLIAMS, SHIRLEY**
 STREET ADDRESS **8684 SOUTHWINDS DRIVE**
 CITY-ST-ZIP **MEMPHIS TN 38125**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DONWEN, BILL**
 STREET ADDRESS **5715 PRESTON FAIRWAYS DR**
 CITY-ST-ZIP **DALLAS TX 75252**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **COPE, SHIRLEY**
 STREET ADDRESS **25 ROCK CREST DR**
 CITY-ST-ZIP **SIGNAL MOUNTAIN TN 37377**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **BERBERICH, BILL**
 STREET ADDRESS **1526 ISLAND GREEN DR.**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **FITZ-HUGH, TUCKER**
 STREET ADDRESS **210 BARONNE ST, S-1700**
 CITY-ST-ZIP **NEW ORLEANS LA 70112**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Jay B Gelder* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02
 Date

504-581-6404
 Daytime Phone #

CP2E037 (9/01)