

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768070

1. Entity Name

FAIRWAY LAKES ASSOCIATION, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90044 015 \*\*\*\*61.25

Principal Place of Business	Mailing Address
120 ANCHOR DR SUITE A-207 KEY LARGO FL 33037 US	100 ANCHOR DR STE 476 KEY LARGO FL 33037-5277 US

2. Principal Place of Business 120 Anchor Drive	3. Mailing Address 120 Anchor Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Key Largo, FL	City & State Key Largo, FL
Zip 33037	Country
Country	Zip 33037
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2394899	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MOSS, EVELYN 100 ANCHOR DR STE 476 KEY LARGO FL 33037

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
120 Anchor Drive
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDA MOSS, EVELYN 100 ANCHOR DR 476 KEY LARGO FL 33037 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENISCH, ABNER 100 ANCHOR DR 476 KEY LARGO FL 33037 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILKETT, ROBERT 100 ANCHOR DR KEY LARGO FL 33037 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGOVERN, MARY ANNE 100 ANCHOR DR #476 KEY LARGO FL 33037 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 120 Anchor Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pedersen, William 120 Anchor Drive Key Largo, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD deMoll, Jeanette 120 Anchor Drive Key Largo, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 120 Anchor Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Foreman, James 120 Anchor Drive Key Largo, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE 4-19-00 305-367-3232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #