## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # 768070** 04-28-2001 90005 044 \*\*\*\*61.25 FAIRWAY LAKES ASSOCIATION, INC. Principal Place of Business Mailing Address 120 ANCHOR DR 120 ANCHOR DR KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2394899 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MOSS, EVELYN 120 ANCHOR DR -STE-476 Zip Code City KEY LARGO FL 33037 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PDA ☐ Addition ☐ Change ☐ Delete TITLE TITLE MOSS, EVELYN NAME NAME STREET ADDRESS STREET ADDRESS 120 ANCHOR DRIVE CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change ☐ Addition PD TITLE ☐ Delete TITLE WILLIAM, PEDERSEN NAME NAME STREET ADORESS STREET ADDRESS 120 ANCHOR DRIVE CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 TITLE Delete TITLE Change ☐ Addition Silkett, Robert NAME DEMOLL, JEANETTE NAME 120 Anchor Drive STREET ADDRESS STREET ADDRESS 120 ANCHOR DRIVE Key Largo, FL CITY-ST-ZIP 33037 CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change Addition TITLE TITLE MCGOVERN, MARY ANNE Rozek, Shirley NAME 120 Anchor Drive Key Largo, FL 3 STREET ADDRESS STREET ADDRESS 120 ANCHOR DR 33037 CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 TITLE TITLE ☐ Change ☐ Addition NAME FOREMAN, JAMES NAME STREET ADDRESS STREET ADDRESS 120 ANCHOR DRIVE CITY-ST-7IP CITY-ST-ZIP KEY LARGO FL 33037 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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** 

SIGNATURE AND THE CONTROL OF SIGNING OFFICER OR DIRECTOR

4-23-01

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