

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768823

1. Entity Name

FAIRWAY SPRINGS HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90048 034 ****61.25

Principal Place of Business

Mailing Address

**3331 PLAYER DRIVE
 NEW PORT RICHEY FL 34655**

**3331 PLAYER DRIVE
 NEW PORT RICHEY FL 34655-2123**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2318151

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PEYTON, DONALD R.
 7317 LITTLE ROAD
 NEW PORT RICHEY FL 34654**

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

Donald R. Peyton

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-00

**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: **DP** Delete
 NAME: **PARACHINI, WILLIAM**
 STREET ADDRESS: **3535 SARAZEN DRIVE**
 CITY-ST-ZIP: **NEW PORT RICHEY FL 34655**

TITLE: **PRESIDENT (D)** Change Addition
 NAME: **ANNE KALBACH**
 STREET ADDRESS: **9911 STEPHENSON DR.**
 CITY-ST-ZIP: **NEW PORT RICHEY, FL 34655**

TITLE: **DVP** Delete
 NAME: **COLVIN, JIM**
 STREET ADDRESS: **3540 HOGAN DRIVE**
 CITY-ST-ZIP: **NEW PORT RICHEY FL 34655**

TITLE: **DIRECTOR** Change Addition
 NAME: **COLVIN, JIM**
 STREET ADDRESS: **3540 HOGAN DRIVE**
 CITY-ST-ZIP: **NEW PORT RICHEY, FL 34655**

TITLE: **DS** Delete
 NAME: **ANGEL, NICK**
 STREET ADDRESS: **3340 BAUGH DRIVE**
 CITY-ST-ZIP: **NEW PORT RICHEY FL 34655**

TITLE: **VICE PRESIDENT (D)** Change Addition
 NAME: **ART BARNETT**
 STREET ADDRESS: **9841 ZAHARIAS CT.**
 CITY-ST-ZIP: **NEW PORT RICHEY, FL 34655**

TITLE: **DT** Delete
 NAME: **MEYER, DEBORAH**
 STREET ADDRESS: **9830 MIDDLECOFF DRIVE**
 CITY-ST-ZIP: **NEW PORT RICHEY FL 34655**

TITLE: **SECRETARY (D)** Change Addition
 NAME: **FLORENCE WEBER**
 STREET ADDRESS: **3510 HOGAN DRIVE**
 CITY-ST-ZIP: **NEW PORT RICHEY, FL 34655**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: **TREASURER (D)** Change Addition
 NAME: **DIANE NELSON**
 STREET ADDRESS: **9905 STEPHENSON DR.**
 CITY-ST-ZIP: **NEW PORT RICHEY, FL 34655**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00 727-376-5602

Date

Daytime Phone #

CR2E037 (9/99)