

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

0080171

**DOCUMENT # 768823**

04-23-2001 90056 007 \*\*\*\*61.25

1. Entity Name

**FAIRWAY SPRINGS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

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

**AVU54247**



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

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 \_\_\_\_\_

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP	PARACHINI, WILLIAM	3535 SARAZEN DRIVE	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>	DP	JOE DIAZ	9920 MIDDLECOFF DR.	NEW PORT RICHEY, FL 34655	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DVP	COLVIN, JIM	3540 HOGAN DRIVE	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>	DVP	DAN HOLBACK	3509 SARAZEN DR.	NEW PORT RICHEY, FL 34655	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DS	ANGEL, NICK	3340 BAUGH DRIVE	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>	DS	FLORENCE WEBER	3510 HOGAN DR.	NEW PORT RICHEY, FL 34655	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	MEYER, DEBORAH	9830 MIDDLECOFF DRIVE	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>	DT	STEVE COX	9909 PALMER DR.	NEW PORT RICHEY, FL 34655	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	D	GENE MASE	3504 SARAZEN DR.	NEW PORT RICHEY, FL 34655	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	D	FRAN GERAGHTY	9833 ZAHARIAS CT.	NEW PORT RICHEY, FL 34655	<input type="checkbox"/>	<input type="checkbox"/>

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:** \_\_\_\_\_

*[Handwritten Signature]*

**4-13-01**

Date

**(727)  
 376-1278**

Daytime Phone #

CR2E037 (10/00)