

FILED

Jun 02, 2002 8:00 am
Secretary of State

04-17-2002 90043 042 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

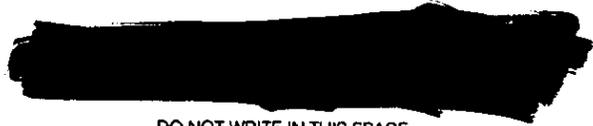
DOCUMENT # 768823

1. Entity Name
FAIRWAY SPRINGS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
3331 PLAYER DRIVE 3331 PLAYER DRIVE
NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PEYTON, DONALD R.
7317 LITTLE ROAD
NEW PORT RICHEY FL 34654
BEIL * HAY P.A.
12312 U.S. HWY 19
HUDSON, FL 34667

7. Name and Address of New Registered Agent
Name CEDRIC P. HAY
Street Address (P.O. Box Number Is Not Acceptable)
12312 U.S. HWY 19 N.
City HUDSON FL Zip Code 34667

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] DATE 5/24/02
(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make Check Payable to Department of State
FILE NOW: FEE IS \$61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME	DP DIAZ, JOE <input checked="" type="checkbox"/> Delete
STREET ADDRESS	9920 MIDDLECOFF DR.
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE NAME	DVP HOLBACK, DAN <input checked="" type="checkbox"/> Delete
STREET ADDRESS	3509 SARAZEN DR.
CITY-ST-ZIP	NEW PORT RICHEY-FL 34655
TITLE NAME	DS WEBER, FLORENCE <input type="checkbox"/> Delete
STREET ADDRESS	3510 HOGAN DR.
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE NAME	DT COX, STEVE <input checked="" type="checkbox"/> Delete
STREET ADDRESS	9909 PALMER DR.
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE NAME	D MASE, GENE <input checked="" type="checkbox"/> Delete
STREET ADDRESS	3504 SARAZEN DR.
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE NAME	D GERAGHTY, FRAN <input type="checkbox"/> Delete
STREET ADDRESS	9833 ZAHARIAS CT.
CITY-ST-ZIP	NEW PORT RICHEY FL 34655

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	DP VENTO, JOHN <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9832 ZAHARIAS CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE NAME	DVP ANGEL, SHERRI <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2390 BAUGH DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE NAME	DT CORRIGAN, DOROTHY <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3235 RANKIN DR
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE NAME	D REYNOLDS, DOUG <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3637 PLAYER DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/01)

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] DOROTHY CORRIGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-1-02 Daytime Phone # 727-376-5126