

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N14284**

1. Entity Name  
**FAIR OAKS COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**C/O VIVIAN W. BEARDEN  
1318 PARKVIEW LN, NW  
KENNESAW, GA 30152-4770 US**

Mailing Address  
**C/O VIVIAN W. BEARDEN  
1318 PARKVIEW LN, NW  
KENNESAW, GA 30152-4770 US**



02082005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-1677174** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HESS, BRIAN D  
9108 FRONT BEACH ROAD  
P O BOX 9454  
PANAMA CITY BEACH, FL 32407**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: D  
NAME: CASWELL, DON  
STREET ADDRESS: 3317 PRETTY BRANCH DRIVE  
CITY-ST-ZIP: SMYRNA, GA 30080

TITLE: D  
NAME: GOODEN, ROBERT M  
STREET ADDRESS: 239 ANGLA DRIVE  
CITY-ST-ZIP: SMYRNA, GA 30082

TITLE: DS  
NAME: BEARDEN, VIVIAN W  
STREET ADDRESS: 1318 PARKVIEW LN NW  
CITY-ST-ZIP: KENNESAW, GA 30152

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

U00000310937  
04/18/05-80025-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Vivian W. Bearden* *Vivian W. Bearden* 4/13/05 770-428-3719  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #