


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N14284**

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



Principal Place of Business <b>C/O VIVIAN W. BEARDEN          1318 PARKVIEW LN, NW          KENNESAW, GA 30152-4770 US</b>	Mailing Address <b>C/O VIVIAN W. BEARDEN          1318 PARKVIEW LN, NW          KENNESAW, GA 30152-4770 US</b>
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03032008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>58-1677174</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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



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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASWELL, DON 3317 PRETTY BRANCH DRIVE SMYRNA, GA 30080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODEN, ROBERT M 239 ANGLA DRIVE SMYRNA, GA 30082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BEARDEN, VIVIAN W 1318 PARKVIEW LN NW KENNESAW, GA 30152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3/6/08 770-428-3719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #