

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90123 048 \*\*\*\*61.25

**DOCUMENT # N24778**

1. Entity Name

**FAIRWAY LAKES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

AMI-ADVANCED MGMT  
5899 WHITFIELD STE 107  
SARASOTA FL 34243  
US

Mailing Address

AMI-ADVANCED MGMT  
5899 WHITFIELD STE 107  
SARASOTA FL 34243  
US

2. Principal Place of Business

**ADVANCED MGMT**

3. Mailing Address

**ADVANCED MGMT.**

Suite, Apt. #, etc.

**9031 TOWN CENTER PKWY**

**9031 TOWN CENTER PKWY**

City & State

**BRADENTON FLORIDA**

City & State

**BRADENTON FLORIDA**

Zip

**34202**

Country

**MANATEE**

Zip

**34202**

Country

**MANATEE**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0126989**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ADVANCED MANAGEMENT OF SOUTHWEST FL INC  
9031 TOWN CENTER PKWY  
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **PRESS, IRV**  
STREET ADDRESS **7521 FAIRLINKS CT**  
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **SD** ☐ Delete  
NAME **RAU, HILDA**  
STREET ADDRESS **5824 FAIRWAY LAKES DR**  
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **VPD** ☐ Delete  
NAME **MONTGOMERY, ROBERT**  
STREET ADDRESS **7426 FAIRLINKS CT**  
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **D** ☐ Delete  
NAME **BOYD, EMILY**  
STREET ADDRESS **7538 FAIRLINKS COURT**  
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **TD** ☐ Delete  
NAME **GROSS, DAVID**  
STREET ADDRESS **5827 FAIRWOODS CIR.**  
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **D** ☐ Delete  
NAME **STICKER, DONNA**  
STREET ADDRESS **5803 FAIRWOODS CIRCLE**  
CITY-ST-ZIP **SARASOTA FL 34243**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Change ☐ Addition  
NAME **Juring Press**  
STREET ADDRESS **7251 Fairlinks Ct.**  
CITY-ST-ZIP **Sarasota FL 34243**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition  
NAME **Robert Montgomery**  
STREET ADDRESS **7426 Fairlinks Ct.**  
CITY-ST-ZIP **Sarasota FL 34243**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **Donna Sticker**  
STREET ADDRESS **5803 Fairwoods Cir**  
CITY-ST-ZIP **Sarasota FL 34243**

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**

**2-24-03 (941) 359-1134**

CR2E037 (10/02)