

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90030 030 \*\*\*\*75.00

**DOCUMENT # N26483**

1. Entity Name

**FAIRWAY ESTATES HOMEOWNERS ASSOCIATION INC.**

Principal Place of Business

Mailing Address

P. O. BOX 570013  
 MIAMI FL 33257-0013  
 US

9975 SW 166 ST  
 MIAMI FL 33157-3266  
 US

2. Principal Place of Business

3. Mailing Address

9960 SW 160 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 MIAMI FL

4. FEI Number

59-2906579

Applied For

Not Applicable

Zip

Country

Zip

Country

33157

US

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

GANNON, MARTHA  
 9975 SW 166 ST  
 MIAMI FL 33157

Name Nancy K. Allen

Street Address (P.O. Box Number is Not Acceptable)  
 9960 SW 160 ST.

City MIAMI

FL

Zip Code 33157

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 *Nancy K. Allen*

Nancy K. Allen, Treasurer 5/16/00

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 SVP  Delete  
 NAME PHARMER, PAUL  
 STREET ADDRESS 10521 SW 161 TERR  
 CITY-ST-ZIP MIAMI FL

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

TITLE D  Delete  
 NAME HOLLEY, ROBERT  
 STREET ADDRESS 15850 S.W. 105TH AVE.  
 CITY-ST-ZIP MIAMI FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME HAHN, JOAN  
 STREET ADDRESS 16112 SW 103RD COURT  
 CITY-ST-ZIP MIAMI FL 33157

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME GANNON, MARTHA  
 STREET ADDRESS 9975 SW 166TH STREET  
 CITY-ST-ZIP MIAMI FL 33157

TITLE T  Change  Addition  
 NAME Nancy K. Allen  
 STREET ADDRESS 9960 SW 160 ST  
 CITY-ST-ZIP MIAMI FL 33157

TITLE C  Delete  
 NAME COLLINS, FAY  
 STREET ADDRESS 16420 SW 100TH COURT  
 CITY-ST-ZIP MIAMI FL 33157

TITLE P  Change  Addition  
 NAME Daniel J. Millott  
 STREET ADDRESS 10399 SW 156 ST  
 CITY-ST-ZIP MIAMI, FL 33157

TITLE D  Delete  
 NAME FLYNN, RICHARD  
 STREET ADDRESS 10301 FAIRWAY HTS. BLVD  
 CITY-ST-ZIP MIAMI FL 33157

TITLE S  Change  Addition  
 NAME Cynthia Stern  
 STREET ADDRESS 15434 SW 104 Ave.  
 CITY-ST-ZIP MIAMI FL 33157

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: *Nancy K. Allen* REQUIRE Nancy K. Allen 5/16/00

305-347-4645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)