

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90416 005 ****70.00

DOCUMENT # N40396

1. Entity Name

FAIRWAY PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

115 S. DALE MABRY HWY
 SUITE 300
 TAMPA FL 33607
 US

Mailing Address

115 S. DALE MABRY HWY
 SUITE 300
 TAMPA FL 33609
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1315114

Applied For

Not Applicable

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

UNIQUE PROPERTY SERVICES INC
115 S. DALE MABRY HWY,
SUITE 300
TAMPA FL 33609

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
 NAME **SAVAGE, DEAN**
 STREET ADDRESS **1128 GOLFVIEW WOODS DR**
 CITY-ST-ZIP **RUSKIN FL 33573**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **LUBLNLSKI, NEUA**
 STREET ADDRESS **1113 GOLFVIEW WOODS DR.**
 CITY-ST-ZIP **RUSKIN FL 33573**

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

TITLE **PD** ☐ Delete
 NAME **HOLMS, AL**
 STREET ADDRESS **1122 GOLFVIEW WOODS DR**
 CITY-ST-ZIP **RUSKIN FL 33573**

TITLE **AL Holmes** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MONTGOMERY, TERESA**
 STREET ADDRESS **911 GOLFVIEW WOODS DR.**
 CITY-ST-ZIP **RUSKIN FL 33573**

TITLE **TD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **RICE, JOHN**
 STREET ADDRESS **908 GOLFVIEW WOODS DR**
 CITY-ST-ZIP **TAMPA FL 33573**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Reese Hunter**
 STREET ADDRESS **1117 Golfview Woods**
 CITY-ST-ZIP **Ruskin FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 **Albert B. Holmes**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

Daytime Phone #

CR2E037 (9/01)