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

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91440 043 ****70.00

DOCUMENT # N40396

1. Entity Name
FAIRWAY PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
115 S. DALE MABRY HWY SUITE 300 TAMPA FL 33607 US	115 S. DALE MABRY HWY SUITE 300 TAMPA FL 33609 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1207 N. Himes Ave	1207 N. Himes Ave
Suite, Apt. #, etc.: Suite 3	Suite, Apt. #, etc.: Suite 3
City & State: Tampa FL	City & State: Tampa FL
Zip: 33607 Country:	Zip: 33607 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

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

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1207 N. Himes Ave Suite 3
City: Tampa FL Zip Code: 33607

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 _____ 4/21/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVAGE, DEAN 1128 GOLFVIEW WOODS DR RUSKIN FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ VD Virginia Zwicz 1117 Golfview Woods Dr. Ruskin FL 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LUBLNKSKI, NEUA 1113 GOLFVIEW WOODS DR. RUSKIN FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wallace Yeates 1138 Golfview Woods Dr. Ruskin FL 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOLMES, AL 1122 GOLFVIEW WOODS DR RUSKIN FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ TD Linda Groback 902 Silverthorn LA Ruskin FL 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MONTGOMERY, TERESA 911 GOLFVIEW WOODS DR. RUSKIN FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HUNTER, REESE 1117 GOLFVIEW WOODS RUSKIN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: _____ DATE