2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 15, 2002 8:00 am Secretary of State **DOCUMENT # N41833** 16TH FAIRWAY VILLAS HOMEOWNERS ASSOCIATION, INC. 01-15-2002 90031 010 ****61.25 Principal Place of Business Mailing Address 8540 FIRESTONE CIRCLE 8540 FIRESTONE CIRCLE CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3061756 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOVIS, GEORGE E. 11201 HARDER RD. CLERMONT FL 34711 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 E037 (9/01) TITLE TITLE ☐ Addition ☐ Delete ☐ Change ORR, JAMES V. NAME NAME STREET ADDRESS 8600 FIRESTONE CIRCLE STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP Delete ■ Addition TITLE TITLE ☐ Change BROWN, NORVAL NAME NAME 8616 FIRESTONE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change YEMINGTON, JANE R NAME STREET ADDRESS 8640 FIRESTONE CIRCLE STREET_ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP DST ☐ Delete ☐ Change Addition TITLE TAYLOR, BETTY S 8540 FIRESTONE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 TITLE ☐ Defete TITLE ☐ Change ☐ Addition TAYLOR, FRED D NAME NAME 8540 FIRESTONE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CLERMONT FL 34711 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.