

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

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90046 005 ****61.25

DOCUMENT # N41833

1. Entity Name
16TH FAIRWAY VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**8540 FIRESTONE CIRCLE
CLERMONT FL 34711
US**

Mailing Address

**8540 FIRESTONE CIRCLE
CLERMONT FL 34711
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 **59-3061756**

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

**HOVIS, GEORGE E.
11201 HARDER RD.
CLERMONT FL 34711**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	ORR, JAMES V.	
STREET ADDRESS	8600 FIRESTONE CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	☐ Delete
NAME	BROWN, NORVAL	
STREET ADDRESS	8616 FIRESTONE CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	☐ Delete
NAME	YEMINGTON, JANE R	
STREET ADDRESS	8640 FIRESTONE CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DST	☐ Delete
NAME	TAYLOR, BETTY S	
STREET ADDRESS	8540 FIRESTONE CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DP	☐ Delete
NAME	TAYLOR, FRED D	
STREET ADDRESS	8540 FIRESTONE CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *Fred D Taylor* **REQUIRED**

1-04-03 (352) 394-3718

CR2E037 (10/02)