

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43223

1. Entity Name

FAIRWAY PARTNERS TOWNHOME ASSOCIATION, INC.

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90159 017 ****61.25

Principal Place of Business

Mailing Address

6851 QUAIL HOLLOW BLVD
WESLEY CHAPEL FL 33544
US

6851 QUAIL HOLLOW BLVD
WESLEY CHAPEL FL 33544
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

59-3099599

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

RIDDLING, BRIDGETTE
6851 QUAIL HOLLOW BLVD
WESLEY CHAPEL FL 33544

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 D ☐ Delete
NAME RIDDLING, BRIDGETTE
STREET ADDRESS 6851 QUAIL HOLLOW BLVD
CITY-ST-ZIP WESLEY CHAPEL FL 33544

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

TITLE D ☐ Delete
NAME WINKLER, BERNARD
STREET ADDRESS 25533 OAKS BLVD
CITY-ST-ZIP LAND O'LAKES FL

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

TITLE D ☐ Delete
NAME REIBER, JACOB
STREET ADDRESS 27429 HWY. 54 W.
CITY-ST-ZIP WESLEY CHAPEL FL 33543

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
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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:

Bridgette Riddling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bridgette Riddling

Date

Daytime Phone #

CR2E037 (9/01)