

DOCUMENT # N94000001081

FILED
May 02, 2000 8:00 am
Secretary of State

03-06-2000 90039 021 ****61.25

1. Entity Name

FAIRWAY ESTATES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

499 PATRICIA AVE
 SUITE C
 DUNEDIN FL 34698

499 PATRICIA AVE
 SUITE C
 DUNEDIN FL 34698-7872



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3289429

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

BARRETT, TED A
499 PATRICIA AVE
SUITE C
DUNEDIN FL 34698

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: **YANCHORIS, JOHN**
 STREET ADDRESS: **2233 DEMARET**
 CITY-ST-ZIP: **DUNEDIN FL 34698**

TITLE: **President D** Change Addition
 NAME: **Kay Riley**
 STREET ADDRESS: **2300 Watrous Dr.**
 CITY-ST-ZIP: **Dunedin, FL 34698**

TITLE: **D** Delete
 NAME: **RILEY, KAY**
 STREET ADDRESS: **2300 WATROUS DRIVE**
 CITY-ST-ZIP: **DUNEDIN FL 34698**

TITLE: **Vice President D** Change Addition
 NAME: **Lou Michalik**
 STREET ADDRESS: **2361 Demaret Drive**
 CITY-ST-ZIP: **Dunedin, FL 34698**

TITLE: **D** Delete
 NAME: **EDDY, PEGGY**
 STREET ADDRESS: **1492 FAIRWAY DR**
 CITY-ST-ZIP: **DUNEDIN FL 34698**

TITLE: **Treasurer D** Change Addition
 NAME: **Marion Humann**
 STREET ADDRESS: **1255 Nelson St.**
 CITY-ST-ZIP: **Dunedin, FL 34698**

TITLE: **D** Delete
 NAME: **CATHE, BAIN**
 STREET ADDRESS: **2230 DEMARET**
 CITY-ST-ZIP: **DUNEDIN FL 34698**

TITLE: **Secretary D** Change Addition
 NAME: **Cathe Bain**
 STREET ADDRESS: **2230 Demaret Drive**
 CITY-ST-ZIP: **Dunedin, FL 34698**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Delete

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00

Date

727-734-4331

Daytime Phone #

CR2E037 (9/99)