

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

0066519

**DOCUMENT # N94000001081**  
 1. Entity Name  
**FAIRWAY ESTATES COMMUNITY ASSOCIATION, INC.**

01-19-2001 90165 049 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
**499 PATRICIA AVE**      **499 PATRICIA AVE**  
**SUITE C**      **SUITE C**  
**DUNEDIN FL 34698**      **DUNEDIN FL 34698**

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DO NOT WRITE IN THIS SPACE

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 **59-3289429**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BARRETT, TED A**  
**499 PATRICIA AVE**  
**SUITE C**  
**DUNEDIN FL 34698**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RILEY, KAY</b>	
STREET ADDRESS	<b>2300 WATROUS DR</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MICHALIK, LOU</b>	
STREET ADDRESS	<b>2361 DEMARET DR</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HUMANN, MARION</b>	
STREET ADDRESS	<b>1255 NELSON ST</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CATHE, BAIN</b>	
STREET ADDRESS	<b>2230 DEMARET</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alicia Barrett*      **Alicia Barrett**      Date: **1/9/01**      Daytime Phone #: **727-733-5012**

CR2E037 (10/00)