

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90104 034 ****61.25

DOCUMENT # **N94000005866** ✓
 1. Entity Name
Executive Way Association, Inc.

A0026131

DO NOT WRITE IN THIS SPACE

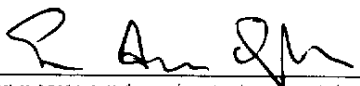
Principal Place of Business Mailing Address
200 Solana Rd **200 Solana Rd**
Ponte Vedra Beach **Ponte Vedra Beach**
FL 32082 **FL 32082**

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 Applied For
59-33 09550 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Randall Whitfield
13947-210 Beach Blvd
Jacksonville FL 32224

7. Name and Address of New Registered Agent
 Name **Sue Ogden**
 Street Address (P.O. Box Number is Not Acceptable) **1/2 Suncoast Properties, Inc.**
200 Solana Rd
 City **Ponte Vedra Bch** FL Zip Code **32082**

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  **President** 2/19/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE NAME	Randall Whitfield Pres <input type="checkbox"/> Delete
STREET ADDRESS	13947-210 Beach Blvd
CITY-ST-ZIP	Jacksonville FL 32224
TITLE NAME	VP. Mitchell Rhodes <input type="checkbox"/> Delete
STREET ADDRESS	9640 San Jose Blvd
CITY-ST-ZIP	Jacksonville FL 32224
TITLE NAME	DST Murray Lewis <input type="checkbox"/> Delete
STREET ADDRESS	6821 South Point, N, #135
CITY-ST-ZIP	Jacksonville FL 32216
TITLE NAME	A. Chester Skinner III <input type="checkbox"/> Delete
STREET ADDRESS	6271-24 St Augustine Rd #324
CITY-ST-ZIP	Jacksonville FL 32217
TITLE NAME	D Perry Bruner <input type="checkbox"/> Delete
STREET ADDRESS	13947-210 Beach Blvd
CITY-ST-ZIP	Jacksonville FL 32224
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(c), 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:  2/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)