

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90088 004 ****61.25

DOCUMENT # N94000005866

1. Entity Name

EXECUTIVE WAY ASSOCIATION, INC.

Principal Place of Business 200 SOLANA RD PONTE VEDRA BEACH FL 32082 US	Mailing Address 200 SOLANA RD PONTE VEDRA BEACH FL 32082 US
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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 59-3309550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OGDEN, SUE
C/O SUNCASTLE PROPERTIES, INC.
200 SOLANA RD
PONTE VEDRA BEACH FL 32082**

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	WHITFIELD, RANDALL
STREET ADDRESS	13947-210 BEACH BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32224
TITLE	VP <input type="checkbox"/> Delete
NAME	RHODES, MITCHELL
STREET ADDRESS	9540 SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32224
TITLE	DST <input type="checkbox"/> Delete
NAME	LEWIS, MURRAY
STREET ADDRESS	6821 SOUTH POINT N #135
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	D <input type="checkbox"/> Delete
NAME	SKINNER, A-CHESTER III
STREET ADDRESS	6271-24 ST AUGUSTINE RD #324
CITY-ST-ZIP	JACKSONVILLE FL 32217
TITLE	D <input type="checkbox"/> Delete
NAME	BRUNER, PERRY
STREET ADDRESS	13947-210 BEACH BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32224
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 (904) 942-9000
 Date Daytime Phone #

CR2E037 (9/01)