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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724219 (1)

1. Corporation Name

FAIRWAY VILLAS, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US

2180 W. S.R. 434
SUITE 5000
LONGWOOD FL 32779-5044
US



3. Date Incorporated or Qualified
08/29/1972

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1515952

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W.
SENTRY MANAGEMENT, INC.
2180 W. STATE ROAD 434, SUITE #5000
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME BENTON, LADONN
STREET ADDRESS 101 FAIRWAY DR.
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE TD
NAME GOLDFARB, BEN
STREET ADDRESS 211 FAIRWAY DR.
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE PD
NAME SAYAGO, MARCOS
STREET ADDRESS 110 FAIRWAY DR.
CITY-ST-ZIP LONGWOOD FL

☒ DELETE

TITLE SD
NAME HURST, MAURICE
STREET ADDRESS 111 FAIRWAY DRIVE
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME BENTON, LADONN
13 STREET ADDRESS 101 FAIRWAY DR
14 CITY-ST-ZIP LONGWOOD FL 32779

☒ Change ☐ Addition

21 TITLE VD
22 NAME EVERETT, SHERRI
23 STREET ADDRESS 108 FAIRWAY DR
24 CITY-ST-ZIP LONGWOOD FL 32779

☐ Change ☒ Addition

31 TITLE D
32 NAME GRAHAM, JACK
33 STREET ADDRESS 107 FAIRWAY DR
34 CITY-ST-ZIP LONGWOOD FL 32779

☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Signature of Registered Agent

2/12/97

CR2E037 (9/96)