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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 22 PM 3:27

DOCUMENT # 728655 (2)

1. Corporation Name
THE FAIRWAYS OF BREVARD ASSOCIATION #1, INC.

Principal Place of Business	Mailing Address
725 PORT MALABAR BLVD.. NE PAUL BAY FL 32905 US	725 PORT MALABAR BLVD.. NE PAUL BAY FL 32905 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1974
3a. Date of Last Report: 11/30/1993
4. FEI Number: 59-1892971 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23: Palm Bay	City & State 28: Palm Bay
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FRETWELL, MARVIN
725 PT MALABAR BLVD NE
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name: Karl O. Kristenson
82 Street Address (P.O. Box Number is Not Acceptable): 725 Port Malabar Blvd.NE # 300
83
84 City: Palm Bay FL 85 Zip Code: 32905

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 3-15-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	FRETWELL, MARVIN	1.2 NAME	Karl O. Kristenson
STREET ADDRESS	725 PORT MALABAR BLVD NE	1.3 STREET ADDRESS	725 Port Malabar Blvd NE #300
CITY-ST-ZIP	PALM BAY FL 32905	1.4 CITY-ST-ZIP	Palm Bay,Fl.32905
TITLE	VPD	2.1 TITLE	V/D ☒ Change ☐ Addition
NAME	GOLD, RUTH E	2.2 NAME	Ann Blackburn
STREET ADDRESS	725 PORT MALABAR BLVD. NE	2.3 STREET ADDRESS	725 Port Malabar Blvd NE #203
CITY-ST-ZIP	PALM BAY FL 32905	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, CHRIS	3.2 NAME	
STREET ADDRESS	725 PORT MALABAR BLVD. NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	MUNDZIAK, JEAN	4.2 NAME	
STREET ADDRESS	725 PORT MALABAR BLVD. NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHOFIELD, ARNOLD	5.2 NAME	
STREET ADDRESS	725 PORT MALABAR BLVD. NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] P/D 3-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0038388