## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

745316

(0)

SOUTH FAIRWAYS CONDOMINIUM, INC.										
Principal Place of Business		Mailing Address			I FABRUA LIBBAN BERBAR BERBAR LUNDI AFFATA	BIR VIVII VI			FEBRU HARI	
% ALBERT B. ISAAC 3120 FINSTERWALD DRIVE TITUSVILLE FL 32780		% ALBERT B. ISAAC 3120 FINSTERWALD DRIVE TITUSVILLE FL 32780		Date Incorporated or Qualified	<b>3</b> 9 Do	te of I a	st Repor	, 1		
					12/20/1978		01/23/1995			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<b></b>	0 1/20	Applied	d For	
21		26			59-2873645			<del>- ` ·</del>	plicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.7	75 Addi	tional
22		27			Continuate of Status Desired		Fe	e Requir	ed	
City & State	9	City & State				6. Election Campaign Financing			<b>00</b> May	
<b>23</b>						Trust Fund Contribution			ded to Fe	
24	Country 25	·				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes 🔀 No				
24	25   29   30   9. Name and Address of Current Registered Agent					Florida Statutes L Yes Mo  10. Name and Address of New Registered Agent				
			<u> </u>	81	Name					
IS $g_{AC}$	A) DEDT D		L		5					
ISSAC, ALBERT B 3120 FINSTERWALD DR				62	Street Addi	ress (P.O. Box Number is Not Acceptable	9)			
TITUSVILLE FL 32780			ļ.	63					<del></del>	
1110011	LLL VE OZVOO		1	_						
				84	City		FL	85	Zip Code	•
11. Pursuant t	to the provisions of Sections 617.050	02 and 617.1508, Florida Statutes	, the abov	e-na	med corpor	ration submits this statement for the purp	ose of cha	nging its	s register	ed office
l or register	ed agent, or both, in the State of Flo th, and accept the obligations of, Se	rida. Such change was authorized	by the co	orpor	ration's boar	rd of directors. I hereby accept the appoint	ntment as	register	ed agent	.lam
	, ,									,
SIGNATURE _	Signature typed or printed name of registered ago	int and title if applicable. (NOTE	: Registered A	Agent s	signature require	d when reinstating)	DATE	<del></del>		
	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	CERS AND	DIREC	TORS IN	12
1ifLE	TD	DELETE	1.1 TIT	1.1 TITLE			[	Change	e 🗖 /	Addition
NAME	PAYNE, ELEANOR R.		1.2 NA/	ME						
STREET ADDRESS	3124 FINSTERWALD DR.		1.3 STF	REET A	DORESS					
CITY-ST-ZIP	TITUSVILLE FL	Finance	1.4 CIT		ZIP			<b>-</b>		
TIFLE	D	DELETE	2 1 TiTi				ι	Change	е Ц,	Addition
NAME BLOSST ADDRESS	ISAAC, ALBERT B.		2.2 NAME							
STREET ADDRESS	3120 FINSTERWALD DR.		2.3 STREET ADOR							
CITY-ST-ZIP TITLE	TITUSVILLE FL	□DELETE	2. 4 CIT		- ZIP	<u> </u>		Change		Addition
NAME	d Cardinale, Frank L	Пресси	3.1 OH				ι	TI CHAND	· 山'	MUNUII
STREET ADDRESS	3112 FINSTERWALD DR.		3.3 STREET		nnerss					
CITY-ST-ZIP	TITUSVILLE FL		3.4. CITY-ST							
TITLE	TO SALIETE LE	DELETE	4.1 TITLE		· Δ-II		Ī	Chang	е <b>П</b> .	Addition
NAME		Brook		4. 2 NAME			•		_	
STREET ADDRESS			4.3 STREET ADDRE		DDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIF							
TITLE		DELETE	-	5.1 TITLE			[	Chang	e 🔲	Addition
NAME			5.2 NA	5.2 NAME						
STREET ADORESS			5 3 STREET AD		DDRESS					
CITY-ST-ZIP			5.4 CIT	5.4 CITY-ST-						
TITLE	<del></del>	DELETE	61 TIT				. [	Chang	e 🔲	Addition
NAME			62 NA	6.2 NAME						
STREET ADORESS			6 3 STREET ADDRESS							
CITY - ST - ZIP			6 4 CIT	Y-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 cath; 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: \_\_

Allun B. Baac SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (407) 383-9012
Destine Proce #