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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 745316

1. Corporation Name
SOUTH FAIRWAYS CONDOMINIUM, INC.

Principal Place of Business: % ~~ALBERT B. ISAAC~~
 3120 FINSTERWALD DRIVE
 TITUSVILLE FL 32780

Mailing Address: % ~~ALBERT B. ISAAC~~
 3120 FINSTERWALD DRIVE
 TITUSVILLE FL 32780



2. Principal Place of Business 21 3112 FINSTERWALD DR	2a. Mailing Address 26 3112 FINSTERWALD DR	3. Date Incorporated or Qualified 12/20/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2873645
City & State 23 TITUSVILLE	City & State 28 TITUSVILLE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 FL 32780	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 F 32780	Country 30 USA	

9. Name and Address of Current Registered Agent ISAAC, ALBERT B 3120 FINSTERWALD DR TITUSVILLE FL 32780	10. Name and Address of New Registered Agent 81 Name F. L. CARDINALE 82 Street Address (P.O. Box Number is Not Acceptable) 3112 FINSTERWALD DR. 83 84 City TITUSVILLE FL 85 Zip Code 32780
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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 F. L. CARDINALE PRESIDENT DATE 1-15-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PAYNE, ELEANOR R.		1.2 NAME FRANK NALBACH	
STREET ADDRESS 3124 FINSTERWALD DR.		1.3 STREET ADDRESS 3100 FINSTERWALD DR	
CITY-ST-ZIP TITUSVILLE FL		1.4 CITY-ST-ZIP TITUSVILLE FL 32780	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ISAAC, ALBERT B.		2.2 NAME	
STREET ADDRESS 3120 FINSTERWALD DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP TITUSVILLE FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARDINALE, FRANK L.		3.2 NAME	
STREET ADDRESS 3112 FINSTERWALD DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP TITUSVILLE FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] DATE 1/15/99 DAYTIME PHONE # 268.8655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)