

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 # 747025 (5)
1. Corporation Name

FAIRWAYS OF CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 9150 HAMPSHIRE DR. #306, P.O. BOX 9519, CORAL SPRINGS FL 33075
Mailing Address: 9150 HAMPSHIRE DR. #306, P.O. BOX 9519, CORAL SPRINGS FL 33075

3. Date Incorporated or Qualified: 05/03/1979
3a. Date of Last Report: 02/10/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

4. FEI Number: 59-1923005
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
KUEHN, ROBERTA
9150 NW 38TH DR #105
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D COKER, DOCIA	1.1 TITLE	Sb <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKER, DOCIA	1.2 NAME	
STREET ADDRESS	9150 NW 38TH DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VD STEIN, SYLVIA	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, SYLVIA	2.2 NAME	
STREET ADDRESS	9150 NW 38 DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	STD KUEHN, ROBERTA	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUEHN, ROBERTA	3.2 NAME	
STREET ADDRESS	9150 NW 38 DR. #105	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D MCAHON, PAULETTE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAHON, PAULETTE	4.2 NAME	Chambers, PAULETTE
STREET ADDRESS	9150 NW 38TH DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D HODGE, ART	5.1 TITLE	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGE, ART	5.2 NAME	
STREET ADDRESS	9150 NW 38TH DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	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 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: Roberta Kuehn 3/1/96 954-753-7282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)