

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 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 # 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 33075-9519
--	---

3. Date Incorporated or Qualified 05/03/1979	3a. Date of Last Report 03/05/1996
4. FEI Number 59-1923005	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

TITLE	SD <input type="checkbox"/> DELETE
NAME	COKER, DOCIA
STREET ADDRESS	9150 NW 38TH DR.
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	STEIN, SYLVIA
STREET ADDRESS	9150 NW 38 DR.
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	KUEHN, ROBERTA
STREET ADDRESS	9150 NW 38 DR. #105
CITY-ST-ZIP	CORAL SPRINGS, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	CHAMBERS, PAULETTE
STREET ADDRESS	9150 NW 38TH DR.
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	HODGE, ART
STREET ADDRESS	9150 NW 38TH DR.
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Roberta Kuehn* 1/31/97 953-7989

CR2E037 (9/96)