


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747025 (5)
 T. Corporation Name
**FAIRWAYS OF CORAL SPRINGS CONDOMINIUM ASSOCIATIO
 N, 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
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3. Date Incorporated or Qualified 05/03/1979	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	30 Country
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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 *Southeast Condominium Management*
 82 Street Address (P.O. Box Number is Not Acceptable) *2085 University Dr*
 83
 84 City *Coral Springs* FL 85 Zip Code *33071*

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 *CJ Charenza* *CJ Charenza* *1/5/98* 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 checked="" 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 checked="" type="checkbox"/> Addition
6.2 NAME	<i>D Richard Engel.</i>
6.3 STREET ADDRESS	<i>4013 NW 76 Ave</i>
6.4 CITY-ST-ZIP	<i>Coral Springs, FL 33065</i>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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]* *1/16/98*

CRE037 (10/97)