

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **747947** (0)  
1. Corporation Name  
**FAIRWAYS FOUR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **2100 GOLF ISLE DRIVE MELBOURNE FL 32935**  
Mailing Address: **2100 GOLF ISLE DRIVE MELBOURNE FL 32935**

3. Date Incorporated or Qualified: **07/03/1979**  
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-1961346</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**RENNO, SARAH**  
**2225 GOLF ISLE DR**  
**#611**  
**MELBOURNE FL 32935**

81 Name: **ALLEN L. HUFF**  
82 Street Address (P.O. Box Number is Not Acceptable): **2150 GOLF ISLE DR**  
83 City: **#1301**  
84 City: **MELBOURNE** FL 85 Zip Code: **32935**

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: **ALLEN L. HUFF TREASURER** *Allen L. Huff* **4-29-96**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>SECRETARY D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JORDAN, WALTER</b>	1.2 NAME	<b>THOMAS JAMES</b>
STREET ADDRESS	<b>2210 GOLF ISLE DR #902</b>	1.3 STREET ADDRESS	<b>3275 GOLF ISLE DR # 212</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	1.4 CITY-ST-ZIP	<b>MELBOURNE, FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STECH, JOHN</b>	2.2 NAME	<b>STEVE ZADETAKIS</b>
STREET ADDRESS	<b>2250 GOLF ISLE DR #505</b>	2.3 STREET ADDRESS	<b>2150 GOLF ISLE DR # 1301</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	2.4 CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RENNO, SARAH</b>	3.2 NAME	<b>ALLEN L. HUFF</b>
STREET ADDRESS	<b>2225 GOLF ISLE DR #611</b>	3.3 STREET ADDRESS	<b>2150 GOLF ISLE DR # 1301</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	3.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>
TITLE	<b># 2ND V.P. D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, PAUL</b>	4.2 NAME	
STREET ADDRESS	<b>2245 GOLF ISLE DR #411</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b># PRESIDENT D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>800001863086</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOLTON, JAMES</b>	5.2 NAME	<b>-06/17/96--01019--033</b>
STREET ADDRESS	<b>2201 GOLF ISLE DR #811</b>	5.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	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: *Allen L. Huff* **4-16-96** **407 2543264**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)