

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90089 008 ***150.00

DOCUMENT # 747947

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**



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

3. Date Incorporated or Qualified

07/03/1979

4. FEI Number

59-1961346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**RANDALL KRUEGER
22770 GOLF ISLE DR
306
MELBOURNE FL 32935**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☒ DELETE
NAME JAMES, THOMAS
STREET ADDRESS 2275 GOLF ISLE DR #212
CITY-ST-ZIP MELBOURNE FL

TITLE S ☐ DELETE
NAME KRUEGER RANDALL
STREET ADDRESS 2270 GOLF ISLE DR 306
CITY-ST-ZIP MELBOURNE FL

TITLE AS ☐ DELETE
NAME CUYLER JUDITH
STREET ADDRESS 2175 GOLF ISLE DR 1013
CITY-ST-ZIP MELBOURNE FL

TITLE T ☐ DELETE
NAME TEREKENKO, CAROL
STREET ADDRESS 2201 GOLF ISLE #822
CITY-ST-ZIP MELBOURNE FL

TITLE PD ☐ DELETE
NAME BOLTON, JAMES
STREET ADDRESS 2201 GOLF ISLE DR #811
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE LAGRASSO, NORACE A. ☐ Change ☒ Addition
1.2 NAME 2180 GOLF ISLE #1102
1.3 STREET ADDRESS MELBOURNE, FL
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99

407-259-3264

Date

Daytime Phone #

CR2E037-11198