

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996 1-31-95

B- DIVISION OF CORPORATIONS XC
0599

DOCUMENT # 751551 (3)

1. Corporation Name

FAIRWAY VILLAS II CONDOMINIUM ASSOCIATION OF SEBRING, INC.



Principal Place of Business

Mailing Address

3107 MONZA DR
SEBRING FL 33872
US

3107 MONZA DR
SEBRING FL 33872
US

3. Date Incorporated or Qualified
03/14/1980

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2223813

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELMORE, BILL R.
3833 DEGEWATER DR.
SEBRING FL 33872

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3107 monza dr

83

84 City

SEBRING

FL

85 Zip Code

33872

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's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD DELETE
NAME BIERMAN, RAY
STREET ADDRESS 15577 ROXBURY CIRCLE
CITY-ST-ZIP MT. CLEMENS, MI 48044

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE PD DELETE
NAME NUNEZ, W.
STREET ADDRESS 3617 EDGEWATER DR
CITY-ST-ZIP SEBRING FL

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE SD DELETE
NAME SCHWANNECKE, R
STREET ADDRESS 4510 MARGARET LN
CITY-ST-ZIP SAGINAW MI

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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: *R. William Nunez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

Date

Daytime Phone #

CR2E037 (12/95)