

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 752879 (7)
1. Corporation Name
**FAIRWAY OAKS AT TUSCAWILLA HOMEOWNERS ASSOCIATIO
N, INC.**

Principal Place of Business Mailing Address
**52 E SOUTH ST. 52 E SOUTH ST.
% DON ASHER & ASSOC % DON ASHER & ASSOC
ORLANDO FL 32801 ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/10/1980** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-2130018** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**DON ASHER & ASSOCIATES, INC.
52 EAST SOUTH ST
ORLANDO FL 32801**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	NAME ZIEMANN, CARL	1.1 TITLE SD	NAME HEFLAND, MICHAEL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1215 ROYAL OAK DR	CITY-ST-ZIP WINTER SPGS FL	1.2 NAME	1.3 STREET ADDRESS 1211 ROYAL OAK DR
		1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE D	NAME ABERNATHY, JOHN	2.1 TITLE D	NAME DELANEY, KEN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1232 ROYAL OAK DR.	CITY-ST-ZIP WINTER SPRINGS FL	2.2 NAME	2.3 STREET ADDRESS 1200 ROYAL OAK DR
		2.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE TD	NAME TRAYNOR, MARILYN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1210 OXBOW LN	CITY-ST-ZIP WINTER SPGS FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE PD	NAME BECKER, ALBERT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1206 OXBOW LANE	CITY-ST-ZIP WINTER SPRINGS FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE VD	NAME RUDY, RICK	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1214 ROYAL OAK DR	CITY-ST-ZIP WINTER SPRINGS FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		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)(4), 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: Albert Becker **ALBERT BECKER** Date: 04/13/95 Daytime Phone #: 407 365-PP46