

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 752879 (7)

1. Corporation Name

FAIRWAY OAKS AT TUSCAWILLA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

52 E SOUTH ST.
% DON ASHER & ASSOC
ORLANDO FL 32801

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% DON ASHER & ASSOC
ORLANDO FL 32801

3. Date Incorporated or Qualified
06/10/1980

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

25 Country

29 Zip Country

30 Country

4. FEI Number
59-2130018

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

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

**DON ASHER & ASSOCIATES, INC.
52 EAST SOUTH ST
ORLANDO FL 32801**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEFLAND, MICHAEL	
STREET ADDRESS	1211 ROYAL OAK DR	
CITY-ST-ZIP	WINTER SPGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELANEY, KEN	
STREET ADDRESS	1200 ROYAL OAK DR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TRAYNOR, MARILYN	
STREET ADDRESS	1210 OXBOW LN	
CITY-ST-ZIP	WINTER SPGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BECKER, ALBERT	
STREET ADDRESS	1208 OXBOW LANE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RUDY, RICK	
STREET ADDRESS	1214 ROYAL OAK DR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DICK CONNIFF	
43 STREET ADDRESS	1202 ROYAL OAK DRIVE	
44 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

366-1126
Daytime Phone #

CR2E037 (12/95)