

4-30-97 B. 5925 -C
FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752879 (7)

1. Corporation Name
FAIRWAY OAKS AT TUSCAWILLA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 52 E SOUTH ST. % DON ASHER & ASSOC ORLANDO FL 32801	Mailing Address 52 E SOUTH ST. % DON ASHER & ASSOC ORLANDO FL 32801-3308
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3. Date Incorporated or Qualified 06/10/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2130018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HEFLAND, MICHAEL	
STREET ADDRESS	1211 ROYAL OAK DR	
CITY-ST-ZIP	WINTER SPGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DELANEY, KEN	
STREET ADDRESS	1200 ROYAL OAK DR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TRAYNOR, MARILYN	
STREET ADDRESS	1210 OXBOW LN	
CITY-ST-ZIP	WINTER SPGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONNIFF, DICK	
STREET ADDRESS	1202 ROYAL OAK DR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DICK CONNIFF	
1.3 STREET ADDRESS	1202 ROYAL OAK DRIVE	
1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CATHY COON	
2.3 STREET ADDRESS	1231 OXBOW LANE	
2.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT WEBER	
3.3 STREET ADDRESS	1233 ROYAL OAK DRIVE	
3.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KEN DELANEY	
4.3 STREET ADDRESS	1200 ROYAL OAK DRIVE	
4.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *[Signature]* DATE: **4/1/97** DAYTIME PHONE: **522-3234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)