

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  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90098 002 \*\*\*\*61.25

DOCUMENT # 752879

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

06/10/1980

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

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

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 SD  
NAME COON, CATHY  
STREET ADDRESS 1231 OXBOW LANE  
CITY-ST-ZIP WINTER SPRINGS FL

DELETE

TITLE VPD  
NAME DELANEY, KEN  
STREET ADDRESS 1200 ROYAL OAK DR  
CITY-ST-ZIP WINTER SPRINGS FL

DELETE

TITLE TD  
NAME WEBER, ROBERT  
STREET ADDRESS 1233 ROYAL OAK DRIVE  
CITY-ST-ZIP WINTER SPRINGS FL

DELETE

TITLE PD  
NAME HEFLAND, MIKE  
STREET ADDRESS 1211 ROYAL OAK DR  
CITY-ST-ZIP WINTER SPRINGS FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE PD  
1.2 NAME WING, WILLIAM J.  
1.3 STREET ADDRESS 1224 ROYAL OAK DRIVE  
1.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

Change Addition

2.1 TITLE VPD  
2.2 NAME ZUEMANN, CARL  
2.3 STREET ADDRESS 1215 OXBOW LANE  
2.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

Change Addition

3.1 TITLE TD  
3.2 NAME GONGAGE, LYDIA  
3.3 STREET ADDRESS 1220 OXBOW LANE  
3.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

Change Addition

4.1 TITLE SD  
4.2 NAME KENEALLY, BARBARA  
4.3 STREET ADDRESS 1229 OXBOW LANE  
4.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

Change Addition

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

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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:

WILLIAM J. WING 4/8/99 305-7264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)