

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 # **768823** (7)

1. Corporation Name

FAIRWAY SPRINGS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**3331 PLAYER DRIVE
NEW PORT RICHEY FL 34655**

Mailing Address

**3331 PLAYER DRIVE
NEW PORT RICHEY FL 34655**

3. Date Incorporated or Qualified
06/09/1983

3a. Date of Last Report
05/01/1995

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

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEYTON, DONALD R.
7317 LITTLE ROAD
NEW PORT RICHEY FL 34654**

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 **D VICE-PRES** ☐ DELETE
NAME **OUBRE, D B**
STREET ADDRESS **3904 WATSON DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **VPD** ☒ DELETE
NAME **WEBER, JOHN**
STREET ADDRESS **3510 HOGAN DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **SD** ☒ DELETE
NAME **TRAUNER, MARLENE**
STREET ADDRESS **9686 LOPEZ DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **TD** ☐ DELETE
NAME **BOWDEN, JUDITH**
STREET ADDRESS **9833 MIDDLECOFF DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☒ DELETE
NAME **STARINSKY, D. C**
STREET ADDRESS **9920 LOPEZ DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE
NAME **BOOTH, ROBERT**
STREET ADDRESS **9927 LOPEZ DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D-PRES** ☐ Change ☒ Addition
12 NAME **ANNE KALBACH**
13 STREET ADDRESS **9911 STEPHENSON DR.**
14 CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

21 TITLE **D-SECY** ☐ Change ☒ Addition
22 NAME **RICHARD BAKER**
23 STREET ADDRESS **3810 PLAYER DR.**
24 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

31 TITLE **D** ☐ Change ☒ Addition
32 NAME **SAMUEL LEDWITCH**
33 STREET ADDRESS **3732 SARAZEN DR.**
34 CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

41 TITLE **D** ☐ Change ☒ Addition
42 NAME **ROBERT NELSON**
43 STREET ADDRESS **9905 STEPHENSON DR**
44 CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

51 TITLE **D** ☐ Change ☒ Addition
52 NAME **ARTHUR BARNETT**
53 STREET ADDRESS **9841 ZAHARIAS CT**
54 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

61 TITLE **D** ☐ Change ☒ Addition
62 NAME **FRED HARROP**
63 STREET ADDRESS **3865 PLAYER DR.**
64 CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

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:

Judith A. Bowden, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUDITH A. BOWDEN, TREASURER

Date

Daytime Phone #

CR2E037 (12/95)