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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
3331 PLAYER DRIVE 3331 PLAYER DRIVE
NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655-2123

3. Date Incorporated or Qualified 06/09/1983 3a. Date of Last Report 05/01/1996

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-2318151 | | Applied For | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | | | Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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 *ayl Wang* PRESIDENT
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|--------------------------|
| TITLE | DVP | 1.1 TITLE | D PRES |
| NAME | OUBRE, D B | 1.2 NAME | HARROP, FRED |
| STREET ADDRESS | 3904 WATSON DRIVE | 1.3 STREET ADDRESS | 3865 PLAYER DR |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 1.4 CITY-ST-ZIP | NEW PORT RICHEY FL 34655 |
| TITLE | DS | 2.1 TITLE | D SEC |
| NAME | RICHARD BAKER | 2.2 NAME | MYERS STEVE |
| STREET ADDRESS | 3810 PLAYER DR | 2.3 STREET ADDRESS | 9908 LOPEZ DR |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 2.4 CITY-ST-ZIP | NEW PORT RICHEY FL |
| TITLE | D | 3.1 TITLE | D TRAS |
| NAME | SAMUEL LEDWITCH | 3.2 NAME | CORRIGAN DOROTHY |
| STREET ADDRESS | 3732 SARAZEN DR | 3.3 STREET ADDRESS | 3285 RANKIN DR |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 3.4 CITY-ST-ZIP | NEW PORT RICHEY FL |
| TITLE | D | 4.1 TITLE | DVP |
| NAME | ROBERT NELSON | 4.2 NAME | PARAGLINS WILLIAM |
| STREET ADDRESS | 9905 STEPHENSON DR | 4.3 STREET ADDRESS | 3865 SARAZEN DR |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 4.4 CITY-ST-ZIP | NEW PORT RICHEY FL |
| TITLE | D | 5.1 TITLE | |
| NAME | ARTHUR BARNETT | 5.2 NAME | |
| STREET ADDRESS | 9841 ZAHARIAS CT | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | |
| NAME | BOOTH, ROBERT | 6.2 NAME | |
| STREET ADDRESS | 9927 LOPEZ DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 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.

CR2E037 (9/96)