TILL NUMBER CHEING THE TO PULLED

NONPROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **FILED**

May 01 1997 8:00am

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 770023

(0)

Mailing Address

FAIRWAY SIX CLUB. A HOMEOWNERS' ASSOCIATION, INC

		•					
				3. Date Incorporated or Qualified 08/29/1983	3a. Date of Last 4/96	l Report	
2. Principal Pla	noe of Business	2a. Malling Address		4. FEI Number 59-2598907		Applied For	
	Whitfield Avenue	26 5899 Whitf:	<u>ield Avenue</u>	59-2598907		Not Applicable	
Suite, Apt. #, etc. 22 107		Suite, Apt. #, etc. 27 107		5. Certificate of Status Desired	11 '	Fee Hequired	
Oity & State		City & State	LT ·	6. Election Campaign Financing		May Be	
Sarase Zo	ota, FL Country	28 Sarasota,	Country	Trust Fund Contribution	Adde	od to Fees	
34243	25 Manatee	34243	30 Manatee	8. This corporation has liability for Florida Statutes	8. This corporation has liability for intangible tax under a. 199.032, Florida Statutes		
3424.3	9. Name and Address of Current		Tanacee	10. Name and Address of New		····	
PROPERTY & ACCT, MANAGEMENT, INC 2055 WOOD ST STE 202 81 Name Advanced Management of Southwest Florida, I 82 Street Address (P.O. Box Number is Not Acceptable) 5899 Whitfield Avenue							
NO Buite 107				107			
* SARASQTA FL 34237			84 City		85 2	p.Code 4243	
	40.000	1017 1500 50 11 01 11	Baras				
11. Purguent 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.							
		on 617.0503, Florida Statutes.	-1 : 0 th	1 7	0/ /05 /07		
SIGNATURE _	Cynthia J. Klimek Signature, typed or printed name of registered agent a	nd little if anniquible. // (NO)	COUNTY AND THE REGISTERS OF	MUK Boulind when reinstating	04/25/97		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF		DRS IN 12	
TITLE	PO	DELETE	1.1 TITLE		Change	☐ Addition	
NAME	KNOWLES, DAVID		1.2 NAME				
STREET ADDRESS	5811 MERION WAY		1.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP				
TITLE	•	DELETE	2.1 TITLE	VPD	☐ Char ge	XX Addition	
NAME			2.2 NAME	COHN, STANLEY			
STREET ADDRESS			2.3 STREET ADORESS	5609 DORAL DRIVE			
CITY-ST-ZIP		Facility	2.4 CITY-ST-ZIP	SARASOTA, FL 34243			
		□ 0ELETE	3.1 TITLE *	TD	Cisange	Addition	
NAME			3.2 NAME	STUFFLEBEAM, ROBERT 7106 ST. ANDREWS LANE	,		
STREET ADDRESS			3.3 STREET ADDRESS		J	,	
CITY-ST-ZIP TITLE		DELETE	3.4. ÇITY-ST-ZIP 4.1 TILE	SARASOTA, FL 34243	Change	X Addition	
NAME		- specie	4.2 NAME	SAGE, NORMAN	onlingv	AT ADDRESS	
STREET ADDRESS			4.3 STREET ADDRESS	7118 ST. ANDREWS LANE	1		
CITY-ST-ZIP			4.4 CITY - ST - ZIP	SARASOTA, FL 34243	,		
TITLE		DELETE	5.1 TITLE	ASST T	Change	Addition	
NAME			5.2 NAME	MONTMEAT, RICHARD		11/10	
STREET ADDRESS	-		5.3 STREET ADDRESS	5722 DORAL DRIVE		$f_{\gamma \lambda} \sim \gamma_{\lambda}$	
CITY-ST-ZIP			5.4 DITY-ST-ZIP	CADACOTA ET 2/2/2		· つ゛	
TITLE	D	DELETE	6.1 TITLE	8000021 -05/05/970	ES MICHE	Addition	
NAME	DUCHIN, MERT		6.2 NAME	-05/05/970	1040072		
STREET ADDRESS	5825 MERION WAY		6.3 STREET ADORESS	***61.25	•		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP				
oertify that oath; that	it the information indicated on this annu	al report or supplemental anni ration or the receiver or truste	ual report is true and ac e empowered to execut	alify for the exemption stated in Section 11: courate and that my signature shall have the le this report as required by Chapter 917, f	e same legal effect as	if made under	