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**Feb 24 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H00340 (0)
1. Corporation Name
FAIRWAY VILLAGE RESIDENTS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**1100 BELCHER ROAD
LARGO FL 34641** **1100 BELCHER ROAD
LARGO FL 33771-3365**

3. Date Incorporated or Qualified: **04/24/1984** 3a. Date of Last Report: **03/13/1996**
4. FEI Number: **59-2454926** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc.: 26. Suite, Apt. #, etc.
22. City & State: 27. City & State
23. Zip: 28. Zip: 29. Country: 30. Country

9. Name and Address of Current Registered Agent
**WILSON, GEORGE W.
1100 S. BELCHER ROAD #788
LARGO FL 34641**

10. Name and Address of New Registered Agent
81. Name: **Howard L. Wollen, President**
82. Street Address (P.O. Box Number is Not Acceptable): **1100 S. Belcher Rd. #214**
83. City: **Largo, Fl. 33771**
84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE: *Howard L. Wollen* DATE: **2/19/97**

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GUSTAFSON, JOHNGE W. R
STREET ADDRESS	1100 S. BELCHER ROAD #357
CITY - ST - ZIP	LARGO FL 34641
TITLE	President <input type="checkbox"/> DELETE
NAME	WOLLEN, HOWARD
STREET ADDRESS	1100 S BELCHER RD #214
CITY - ST - ZIP	LARGO FL 34641
TITLE	T <input type="checkbox"/> DELETE
NAME	FAVATA, GLADYS
STREET ADDRESS	1100 BELCHER RD #244
CITY - ST - ZIP	LARGO FL 34641
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RONSKKE, MARGARET L
STREET ADDRESS	1100 BELCHER RD., #783
CITY - ST - ZIP	LARGO FL
TITLE	S <input type="checkbox"/> DELETE
NAME	BROWN, MELROSE L
STREET ADDRESS	1100 S. BELCHER RD. #329
CITY - ST - ZIP	LARGO FL 34641
TITLE	D <input type="checkbox"/> DELETE
NAME	MARSH, AMBROSE
STREET ADDRESS	1100 S. BELCHER ROAD #548
CITY - ST - ZIP	LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Dean Ritter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1100 S. Belcher Rd. #39
1.3 STREET ADDRESS	Largo, Fl. 33771
1.4 CITY - ST - ZIP	(Director) <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Beard
4.3 STREET ADDRESS	1100 S. Belcher Rd. #460
4.4 CITY - ST - ZIP	Largo, Fl. 33771
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Howard L. Wollen* DATE: **2/19/97** TELEPHONE: **813/536-2705**

CR2E034 (9/96)