


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90127 013 ***150.00
 05-03-1999 90127 014 *****8.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H00340
 1. Corporation Name
FAIRWAY VILLAGE RESIDENTS ASSOCIATION, INC.

Principal Place of Business 1100 BELCHER ROAD LARGO FL 33771	Mailing Address 1100 BELCHER ROAD LARGO FL 33771
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/24/1984	4. FEI Number 59-2454926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
RITTER, DURWARD D
1100 S BELCHER RD
#39
LARGO FL 33771

10. Name and Address of New Registered Agent
 81 Name **Gladys M. Favata**
 82 Street Address (P.O. Box Number is Not Acceptable) **1100 S. Belcher Rd.**
 83 **#244**
 84 City **Largo** 85 Zip Code **FL 33771**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITOGOT, GARY	1.2 NAME	Chaplin, Wallace
STREET ADDRESS	1100 S BELCHER RD, #604	1.3 STREET ADDRESS	1100 S. Belcher Rd. #602
CITY-ST-ZIP	LARGO FL 33771	1.4 CITY-ST-ZIP	Largo, Florida 33771
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA, BOB	2.2 NAME	Dinan, Robert
STREET ADDRESS	1100 S BELCHER RD, #295	2.3 STREET ADDRESS	1100 S. Belcher Rd. #295
CITY-ST-ZIP	LARGO FL 33771	2.4 CITY-ST-ZIP	Largo, Florida 33771
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAVATA, GLADYS	3.2 NAME	Favata, Gladys
STREET ADDRESS	1100 BELCHER RD #244	3.3 STREET ADDRESS	1100 S. Belcher Rd. #244
CITY-ST-ZIP	LARGO FL 34641	3.4 CITY-ST-ZIP	Largo, Florida 33771
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID BEARD	4.2 NAME	Vosen, Donald
STREET ADDRESS	1100 S. BELCHER RD., #460	4.3 STREET ADDRESS	1100 S. Belcher Rd. #421
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	Largo, Florida 33771
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MELROSE L	5.2 NAME	Davis, Ronald
STREET ADDRESS	1100 S. BELCHER RD. #329	5.3 STREET ADDRESS	1100 S. Belcher Rd. #083
CITY-ST-ZIP	LARGO FL 34641	5.4 CITY-ST-ZIP	Largo, Florida 33771
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, AMBROSE	6.2 NAME	Marsh, Ambrose
STREET ADDRESS	1100 S. BELCHER ROAD #548	6.3 STREET ADDRESS	1100 S. Belcher Rd. #548
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	Largo, Florida 33771

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 607, 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: Gladys Favata **April 16, 1999** 727-536-2705
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)