

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 # N07194 (6)

1. Corporation Name
FAIRWAY ASSOCIATION, INC.



Principal Place of Business
**5700 SADDLEBROOK WAY
WESLEY CHAPEL FL 33543-4499
US**

Mailing Address
**5700 SADDLEBROOK WAY
WESLEY CHAPEL FL 33543-4499
US**

3. Date Incorporated or Qualified **01/21/1985** 3a. Date of Last Report **03/23/1995**

2. Principal Place of Business

21	4131 GUNN HIGHWAY	2a. Mailing Address	4131 GUNN HIGHWAY
22	TAMPA, FL.	26	TAMPA, FL.
23	33624	27	USA
24	USA	28	33624
25	USA	29	USA
26	USA	30	USA

4. FEI Number **59-2493573** 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

9. Name and Address of Current Registered Agent
**ALLEN, DONALD L.
SADDLEBROOK RESORTS, INC.
5700 SADDLEBROOK WAY
WESLEY CHAPEL FL 33543**

10. Name and Address of New Registered Agent

B1	Name	GAIL E. FLOWERS, LCAM
B2	Street Address (P.O. Box Number is Not Acceptable)	GREENACRE PROPERTIES, INC.
B3	City	4131 GUNN HIGHWAY
B4	City	TAMPA
B5	Zip Code	FL 33624

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 Gail E. Flowers, LCAM DATE **3-18-96**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALDRON, CHARLES	
STREET ADDRESS	29844 BAYWOOD LANE	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WELLS, GEOFF	
STREET ADDRESS	30412 LAURELWOOD LANE	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMPSEY, THOMAS L.	
STREET ADDRESS	5700 SADDLEBROOK WAY	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLIVITO, ANTHONY	
STREET ADDRESS	5440 PINEBARK LANE	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILLIS, JACK	
STREET ADDRESS	5355 COBBLESTONE CT.	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, DONALD L.	
STREET ADDRESS	5700 SADDLEBROOK WAY	
CITY-ST-ZIP	WESLEY CHAPEL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SAL MARCH
2.3 STREET ADDRESS	30217 FAIRWAY DRIVE
2.4 CITY-ST-ZIP	WESLEY CHAPEL, FL. 33543
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: Charles R. Waldron - CHARLES R. WALDRON DATE **3/21/96** TELEPHONE # **961-2203**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone # EXT. 16

CR2E037 (12/95)