

FILE NOW: FILING FEE IS \$61.25

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**Feb 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07194 (6)

1. Corporation Name
FAIRWAY ASSOCIATION, INC.



Principal Place of Business 4131 GUNN HIGHWAY TAMPA FL 33624 US	Mailing Address 4131 GUNN HIGHWAY TAMPA FL 33624 US
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3. Date Incorporated or Qualified 01/21/1985	
4. FEI Number 59-2493573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**GAIL E FLOWERS, LCAM
GREENACRE PROPERTIES, INC.
4131 GUNN HIGHWAY
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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

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 type="checkbox"/> DELETE
NAME	SAL MARCH	
STREET ADDRESS	30217 FAIRWAY DRIVE	
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 checked="" 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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4131 GUNN HIGHWAY
1.4 CITY-ST-ZIP	TAMPA, FL. 33624
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4131 GUNN HIGHWAY
2.4 CITY-ST-ZIP	TAMPA, FL. 33624
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4131 GUNN HIGHWAY
3.4 CITY-ST-ZIP	TAMPA, FL. 33624
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GRIFFIN, DONALD
4.3 STREET ADDRESS	4131 GUNN HIGHWAY
4.4 CITY-ST-ZIP	TAMPA, FL. 33624
5.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4131 GUNN HIGHWAY
5.4 CITY-ST-ZIP	TAMPA, FL. 33624
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 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.

SIGNATURE: *Charles F. Waldron*

CP2E037 (10/97)