

**FILE NOW: FILING FEE IS \$61.25**

499-182

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07774 (5)**  
 1. Corporation Name  
**FAIRWAY WOODS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1801 GLENGARY STREET SARASOTA FL 34231-0603</b>	Mailing Address <b>1801 GLENGARY STREET SARASOTA FL 34231-0603</b>
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3. Date Incorporated or Qualified <b>02/21/1985</b>	3a. Date of Last Report <b>04/24/1995</b>
4. FEI Number <b>59-2518713</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" 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**

**CONDOMINIUM MGMT INC  
1801 GLENGARY ST  
SARASOTA FL 34231-0603**

**10. Name and Address of New Registered Agent**

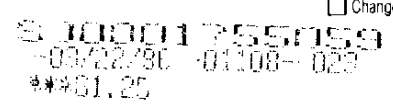
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PAPINEAU, MR. ROBERT 7777 FAIRWAY WOODS DR. SARASOTA FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ROGERS, WORTHY MR. 7760 FAIRWAY WOODS DR. SARASOTA FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WRENN, MS. BETTE 7722 FAIRWAY WOODS DR SARASOTA FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ARNOLD, MR. RICHARD E. 7788 FAIRWAY WOODS DRIVE SARASOTA FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, MS. DORIS 7751 FAIRWAY WOODS DRIVE SARASOTA FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUNT, BARBARA MS 7553 FAIRWAY WOODS DRIVE SARASOTA FL</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**SEE ATTACHED**



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:** *P. Richard Clark* **3/5/96** 941-921-5393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #  
 P. Richard Clark SG-3-22-96

CR2E037 (12/95)

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**FWW**

**Fairway Woods Condominium Association, Inc**

**Manager JIM**

***Local Address***

P/D	<b>Mr. Robert Papineau 7777 Fairway Woods Drive Sarasota, FL 34238</b>
V/D	<b>Mr. Worthy Rogers 7760 Fairway Woods Dr. Sarasota, FL 34238</b>
S/D	<b>Mrs. Carrol M. Keifer 7711 Fairway Woods Drive Sarasota, FL 34238</b>
T/D	<b>Mr. Richard E. Arnold 7788 Fairway Woods Drive Sarasota, FL 34238</b>
D	<b>Ms. Doris Brown 7751 Fairway Woods Drive Sarasota, Florida 34238</b>
D	<b>Ms. Henry Hunt 7553 Fairway Woods Drive Sarasota, Florida 34238</b>
D	<b>Mr. John Najjar 7715 Fairway Woods Drive Sarasota, FL 34231</b>
A/S	<b>P. Richard Clark 1801 Glengary Street Sarasota, FL</b>
A/T	<b>Paul R. Clark, Jr. 1801 Glengary Street Sarasota, FL</b>