

FWN

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 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 # **N07774 (5)**
1. Corporation Name
FAIRWAY WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1801 GLENGARY STREET SARASOTA FL 34231-0803	Mailing Address 1801 GLENGARY STREET SARASOTA FL 34231-0603
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3. Date Incorporated or Qualified 02/21/1985
4. FEI Number 59-2518713
Applied For Not Applicable

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

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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**CONDOMINIUM MGMT INC
1801 GLENGARY ST
SARASOTA FL 34231-0803**

10. Name and Address of New Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PAPINEAU, MR. ROBERT 7777 FAIRWAY WOODS DR. SARASOTA FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAJJAR, JOHN 7715 FAIRWAY WOODS DRIVE SARASOTA FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEIFER, CARROL M 7711 FAIRWAY WOODS DR SARASOTA FL 34238	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ARNOLD, MR. RICHARD E. 7788 FAIRWAY WOODS DRIVE SARASOTA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MS. DORIS 7751 FAIRWAY WOODS DRIVE SARASOTA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, BARBARA MS 7553 FAIRWAY WOODS DRIVE SARASOTA FL	<input type="checkbox"/> DELETE

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SEE ATTACHED

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 in an attachment with an address.

SIGNATURE: *Richard Clark* 4/25/98 P. Richard Clark 941-921-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063028

CR2E037 (10/97)

FWW**Fairway Woods Condominium Association, Inc.**

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Manager **JIM***Local Address*

Date Printed:

12/12/97

Code

P/D	Mr. William T. O'Brien 7632 Fairway Woods Drive Sarasota, Florida 34238	10
V/D	Mr. Henry Hunt 7553 Fairway Woods Drive Sarasota, Florida 34238	12
S/D	Ms. Gail M. Miller 7686 Fairway Woods Drive Sarasota, FL 34238	25
T/D	Mr. Richard E. Arnold 7788 Fairway Woods Drive Sarasota, FL 34238	30
D	Ms. Doris Brown 7751 Fairway Woods Drive Sarasota, Florida 34238	40
D	Mr. Jay B. McKeane 7556 Fairway Woods Drive Sarasota, FL 34238	40
D	Mr. Harry Kaufman 7601 Fairway Woods Drive Sarasota, FL 34238	40
AS	P. Richard Clark 1801 Glengary St. Sarasota, FL 34231	50
AT	Mr. Paul R. Clark, Jr.	55