

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 # N08479 (0)

1. Corporation Name

FAIRWAY LAKES TOWNHOMES II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**4131 GUNN HIGHWAY
TAMPA FL 33624**

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TAMPA FL 33624**

3. Date Incorporated or Qualified
04/01/1985

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2603696

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

10. Name and Address of New Registered Agent

**GREENACRE PROPERTIES, INC.
4131 GUNN HIGHWAY
TAMPA FL 33624**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD KOVALESKI, JEFFREY <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Joseph Voskerichian <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4226 ARBORWOOD LANE	1.2 NAME	13920 Clubhouse Cir
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	TAMPA FL 33624
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D COBB, VIRGINIA <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	13931 CLUBHOUSE CIR	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D OLNEY, LYNN <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Gloria ABRAMS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13932 CLUBHOUSE CIR	3.2 NAME	13920 Clubhouse Cir
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	TAMPA FL 33624
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD GARY, JACK <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SAM BULLARA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4228 ARBORWOOD LANE	4.2 NAME	4230 ARBORWOOD
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	TAMPA FL 33624
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD MACINTIRE, JOAN <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	13916 CLUBHOUSE CIR	5.2 NAME	
STREET ADDRESS	TAMPA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)