

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 10:45

DOCUMENT # N21406 (6)
1. Corporation Name

FAIRWAY WOODS OF CROSS CREEK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
6371 ARC WAY SUITE 2 FT MYERS FL 33912 **P.O. BOX 61358 FT MYERS FL 33906-1358**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/30/1987** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-2874696** Applied For Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WORKMAN, DAVID J.
C/O PARAGON PROPERTY MANAGEMENT
6371-2 PARAGON PROPERTY MANAGEMENT
FT MYERS FL 33912**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **6371-2 Arc Way**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHAW, JOHN BOX 294 C/O PARAGON IL 61427
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURROW, ROBERT 12540 COLD STREAM DR #103 FT MYERS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ALDRIDGE, LIZ 12500 COLD STREAM DR #301 FT MYERS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D/ Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D/ Vice Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vanna Short 12540 Cold Stream Drive #104 Ft Myers, FL 33912
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D/ Sec/Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Patricia A Meagher 12520 Cold Stream Drive #206 Ft Myers, FL 33912
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with addresses.

SIGNATURE: John H Shaw **3/24/95** **813-377-0112**
Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR