FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24987** **(2)**

1. Corporation Name

THE FAIRWAY LAKES OWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1950 BLUEWATER BLVD. P.O. BOX 247 NICEVILLE FL 32588-0247	1950 BLUEWATER BLVD. P.O. BOX 247 NICEVILLE FL 32588-0247

3. Date Incorporated or Qualified: 02/23/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2883265 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1950 Bluewater Blvd.	26 1950 Bluewater Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Niceville, FL	City & State 28 Niceville, FL
Zip / Country 24 32578 / 25 Okaloosa	Zip / Country 29 32578 / 30 Okaloosa

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

LYLE, JAMES
719 PUTTER DRIVE
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name: Dan Molden
82 Street Address (P.O. Box Number is Not Acceptable): 745 Putter Drive
83
84 City: Niceville, FL 85 Zip Code: 32578

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: Dan Molden — 4/20/95
Signature of new 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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	LYLE, JAMES	12 NAME	Dan Molden	
STREET ADDRESS	719 PUTTER DRIVE	13 STREET ADDRESS	745 Putter Drive	
CITY-ST-ZIP	NICEVILLE FL	14 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	MOULDEN, DAN	22 NAME	Jake Gross	
STREET ADDRESS	745 PUTTER DRIVE	23 STREET ADDRESS	817 Fairway Lakes Dr	
CITY-ST-ZIP	NICEVILLE FL	24 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	STD	31 TITLE	SD Norma Lyle	☒ Change ☐ Addition
NAME	POUNCEY, TEX	32 NAME	719 Putter Drive	
STREET ADDRESS	708 PUTTER DRIVE	33 STREET ADDRESS	Niceville, FL 32578	
CITY-ST-ZIP	NICEVILLE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	TD	☒ Change ☐ Addition
NAME	SEGAL, BARRY	42 NAME	Jan Ford	
STREET ADDRESS	707 PUTTER DRIVE	43 STREET ADDRESS	703 Putter Drive	
CITY-ST-ZIP	NICEVILLE FL	44 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	GROSS, JAKE	52 NAME	Norine Miller	
STREET ADDRESS	817 FAIRWAY LAKES DRIVE	53 STREET ADDRESS	807 Fairway Lakes Drive	
CITY-ST-ZIP	NICEVILLE FL	54 CITY-ST-ZIP	Niceville, FL 32578	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Dan Molden — 4/20/95 — 904-897-5940
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0021641