

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 # **N24987** (2)

1. Corporation Name

THE FAIRWAY LAKES OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1950 BLUEWATER BLVD.
NICEVILLE FL 32588-0247
US**

**1950 BLUEWATER BLVD.
NICEVILLE FL 32588-0247
US**

3. Date Incorporated or Qualified

02/23/1988

3a. Date of Last Report

05/01/1995

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

59-2883265

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

**MOLDEN, DAN
745 PUTTER DRIVE
NICEVILLE FL 32578**

81

Name

Ray, Wendall

82

Street Address (P.O. Box Number is Not Acceptable)

829 Fairway Lakes Drive

83

84

City

Niceville

FL

85

Zip Code

32578

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

Charles H. Gilbert

6/10/96

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 ☐ DELETE

NAME **PD
MOLDEN, DAN**
STREET ADDRESS **745 PUTTER DRIVE**
CITY-STATE-ZIP **NICEVILLE FL**

TITLE ☐ DELETE

NAME **SD
LYLE**
STREET ADDRESS **719 PUTTER DRIVE**
CITY-STATE-ZIP **NICEVILLE FL**

TITLE ☐ DELETE

NAME **TD
FORD, JAN**
STREET ADDRESS **703 PUTTER DRIVE**
CITY-STATE-ZIP **NICEVILLE FL**

TITLE ☐ DELETE

NAME **D
MILLER, NORINE**
STREET ADDRESS **807 FAIRWAY LAKES DRIVE**
CITY-STATE-ZIP **NICEVILLE FL**

TITLE ☐ DELETE

NAME **VD
GROSS, JAKE**
STREET ADDRESS **817 FAIRWAY LAKES DRIVE**
CITY-STATE-ZIP **NICEVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

PD

Ray, Wendall
829 Fairway Lakes Drive
Niceville, FL 32578

VP

Burgess, Ellen
828 Fairway Lakes Drive
Niceville, FL 32578

D

Gilbert, Charles
723 Putter Drive
Niceville, FL 32578

TD

Spath, Jerry
818 Fairway Lakes Drive
Niceville, FL 32578

SD

Molden, Dan
745 Putter Drive
Niceville, FL 32578

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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:

Charles H. Gilbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-897-3203

CR2E037 (12/95)