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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF COMPORATIONS

1996

DOCUMENT # N24987

(2)

incipal Place	AIRWAY LAKES OWNERS' A	SSOCIATION, INC.						
1960 BLUEW		1950 BLUEWATER BLVI	D.					
NICEVILLE FL		NICEVILLE FL 32588-02	47					
US		US			3. Date Incorporated or Qualified		ate of Last R	
					02/23/1988		05/01/19	
Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-2883265			oplied For ot Applicable
		26	·		39 2003203			Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		T	equired
City & State	2	City & State			6. Election Campaign Financing		\$5.00	May Be
City & Otale		28			Trust Fund Contribution			to Fees
Zip	Country	Zıp	Cou	ntry	8. This corporation has liability for	intangible ta	ax under s.	199.032,
	25	29	30		Florida Statutes 10. Name and Address of New F	Yes C		
	9. Name and Address of Current	t Registered Agent		81 Name		registered	Agent	
				Ray	y, Wendall			
MOLDE	n, dan				ktress (P.O. Box Number is Not Acceptate 9 Fiarway Lakes Drive	ble)		
745 PU	tter drive			83	9 Flarway Lakes Drive			
NICEVIL	LE FL 32578			03				
				84 City	ceville	FL	85 Zig	2578
		and 617 1608 Florida Statut	as the abo	· · · · · · · · · · · · · · · · · · ·	at the state of th	vaces of ob	annina ite re	nistered offic
Philiperi i aint	to the provisions of Sections of August	and of the 1900, Florida Statut	.65, 1110 0000	AC HOLLION OO'L	gard of directors. I hereby accept the apr	póintment as	s registered	agent. I am
or registe	red agent or both, in the State of Florid	ta. Such change was authoriz	red by the o	corporation's be	date of thectors, thereby doops the app			
or registe familiar w	to the provisions of Sections 617.0502 red agent or both, in the State of Floric ith, and accept the obligations of, Secti	da. Such change was authoriz on 617.0503, Florida Statutes	red by the d s	corporation's be	oard of directors. Thereby dooopt the app	Will	lah	
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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.

Block 13 if changed, or on an attachment with an address.

Charles Ho Gilbert 5-1-36

Date Place Prove 9

904-897-3203