2004 NOT-FOR-PROFIT CORPORATION

FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90212 013 ****61.25

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ANNUAL REPORT

DOCUMENT # N24987

THE FAIRWAY LAKES OWNERS' ASSOCIATION, INC.

Principal Place of Business 1950 BLUEWATER BLVD. NICEVILLE, FL 32588-0247 US Mailing Address 1950 BLUEWATER BLVD. NICEVILLE, FL 32588-0247 US

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2. Principal Place of Business, 1950 Bluewater Blvd 1950 Bluewater				Ind	L INDLINE GIO KOL		O I KINIH ATAU OKKI			
Suite, Apt.	#, etc. { 200	Suite, Apj. #, etc.			04192004 C	hg-NP	CR2E037	(10/03)		
City & State	He FC	City & State //e	FL		4. FEI Number 59-288326	55	_		plied For t Applicable	
325	78 Country //S	32578	Country	5	5. Certificate of S			8.75 Add ee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
NET CON TOUR				Name						
NELSON, JOHN 823 FAIRWAY LAKES DR NICEVILLE, FL 32578				Street Address (P.O. Box Number is Not Acceptable)						
				City FL Zip Code .						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
ine obligations of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be										
Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Floridal Department of State										
10.	OFFICERS AND DIRI		11, -		ADDITIONS/CHANG	ES TO OFFIC	ERS AND DIRE	CTORS IN	10	
TITLE	PD ·	☐ Delete	TITLE				ĺ	Change	☐ Addition	
NAME STREET ADDRESS	GROOS, BJ 817 FAIRWAY LAKE DR.		NAME STREET ADDRESS	} .			• •	•	-	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		•					
TITLE	VPD	Delete	TITLE	0				 ☐ Change	□ Addition	
NAME	BURGES, JOHN	Q. Doloto	NAME	Nel	son, John	n.	٠.			
STREET ADDRESS)			Nelson, John Barrie Brive Drive Viceville, FL 32578						
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	Nic	eville, FL 3	<u>32578</u>				
TITLE , -	T	Delete	TITLE	<u>- </u>			ا	Change	_ Addition	
NAME CTRCCT ADDRESS	MICHALKE, WALTER 844 FAIRWAY LAKES DRIVE		NAME STREET ADDRESS					•		
STREET ADDRESS CITY-ST-ZIP	NICEVILLE, FL 32578	•	CITY-ST-ZIP							
TITLE	D :	Delete	TITLE	V	0		 ,	Change	Addition	
NAME	CRAFT, AL	La Delete	NAME	0	et Al-			Change		
STREET ADDRESS	747 PUTLER DR.		STREET ADDRESS	242	atter Drive	2	,		\	
CITY-ST-ZIP	NICEVILLE, FL 32578	29.56	City-ST-ZIP	10c	Putter Drive eville, FL	<u>32578</u>	<u> </u>			
TITLE	SD	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME .	STEPHENSON, DIANE		NAME		, ,					
STREET ADDRESS	837 FAIRWAY LAKES DR"		STREET ADDRESS CITY-ST-ZIP	1		1000		· . -	5000	
CITY-ST-ZIP	NICEVILLE, FL 32578	See 12 Pr. 100		+	500 5 to 1 to 0 to 1	 			- Addition	
TITLE	The second of th	☐ Delete	TITLE NAME	- 		1 		Change .	Addition	
STREET ADDRESS	mily the appropriate program in the constant		STREET ADDRESS	g .~ - r	No. of Sping					
CITY-ST-7IP			CITY-ST-7IP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 fustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other/like empowered.

SIGNATURE:

G OFFICER OR DIRECTOR