
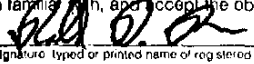
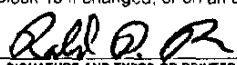


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 10 1997 8:00am
Secretary of State

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|---|--|--|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N 36887 1. Corporation Name FAIRWAY AT ROLLING HILLS HOME OWNER Association | | | | | |
| Principal Place of Business 7928 SOUTH HIGHWAY 441 LEESBURG, FL 34788 | | Mailing Address 7928 SOUTH HIGHWAY 441 LEESBURG, FL 34788 | | | |
| 2. Principal Place of Business 21 5023 CR 125 Suite, Apt. #, etc. 22 | | 2a. Mailing Address 26 5023 CR 125 Suite, Apt. #, etc. 27 | | 3. Date Incorporated or Qualified 02/28/1990 | |
| City & State 23 WILDWOOD Zip 24 34785 | | City & State 28 WILDWOOD FL Zip 29 34785 | | 3a. Date of Last Report 03/12/94 | |
| Country 25 SUMTER | | Country 30 SUMTER | | 4. FEI Number 59-2995391 | |
| 9. Name and Address of Current Registered Agent DAWN KIMMEL I 7928 South HWY 441 Leesburg, FL 34788 | | 10. Name and Address of New Registered Agent 81 Name Ronald D. Brown 82 Street Address (P.O. Box Number is Not Acceptable) 5023 CR 125 83 84 City WILDWOOD | | | |
| 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. | | 85 Zip Code FL 34785 | | | |
| SIGNATURE  | | RONALD D. BROWN DATE 4-28-97 | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE PD | | | 1.1 TITLE PD | | |
| NAME Brown, RONALD D | | | 1.2 NAME Brown RONALD D | | |
| STREET ADDRESS Rt 5 Box 451 | | | 1.3 STREET ADDRESS 5023 CR 125 | | |
| CITY-ST-ZIP LADY LAKE FL | | | 1.4 CITY-ST-ZIP WILDWOOD FL 34785 | | |
| TITLE VD | | | 2.1 TITLE VD | | |
| NAME HOWARD H. HEWITT | | | 2.2 NAME HOWARD HEWITT | | |
| STREET ADDRESS Rt 5 Box 451 | | | 2.3 STREET ADDRESS 5023 CR 125 | | |
| CITY-ST-ZIP LADY LAKE FL | | | 2.4 CITY-ST-ZIP WILDWOOD, FL 34785 | | |
| TITLE STO | | | 3.1 TITLE STO | | |
| NAME HALL, WILLIAM B | | | 3.2 NAME FOX GREGORY E | | |
| STREET ADDRESS Rt 5 Box 451 | | | 3.3 STREET ADDRESS 5023 CR 125 | | |
| CITY-ST-ZIP LADY LAKE | | | 3.4 CITY-ST-ZIP WILDWOOD FL 34785 | | |
| TITLE DELETED | | | 4.1 TITLE DELETED | | |
| NAME DELETED | | | 4.2 NAME DELETED | | |
| STREET ADDRESS DELETED | | | 4.3 STREET ADDRESS DELETED | | |
| CITY-ST-ZIP DELETED | | | 4.4 CITY-ST-ZIP DELETED | | |
| TITLE DELETED | | | 5.1 TITLE DELETED | | |
| NAME DELETED | | | 5.2 NAME DELETED | | |
| STREET ADDRESS DELETED | | | 5.3 STREET ADDRESS DELETED | | |
| CITY-ST-ZIP DELETED | | | 5.4 CITY-ST-ZIP DELETED | | |
| TITLE DELETED | | | 6.1 TITLE DELETED | | |
| NAME DELETED | | | 6.2 NAME DELETED | | |
| STREET ADDRESS DELETED | | | 6.3 STREET ADDRESS DELETED | | |
| CITY-ST-ZIP DELETED | | | 6.4 CITY-ST-ZIP DELETED | | |
| 14. I do 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 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. | | | 000002211390 -06/13/97--01045--003 ***\$1.25 | | |
| SIGNATURE:  | | | 4-28-97 (352) 748-4040 Date Daytime Phone | | |

CR2E037 (9/96)