

**FILE NOW: FILING FEE IS \$61.25**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003525 (2)**  
 1. Corporation Name  
**FAIRWAYS & GREENS CONDOMINIUM ASSOCIATION INC.**



Principal Place of Business <b>CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-3603</b>	Mailing Address <b>CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-3603</b>
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3. Date Incorporated or Qualified <b>07/08/1994</b>	3a. Date of Last Report <b>04/28/1995</b>
4. FEI Number <b>65-0520202</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Zip

**9. Name and Address of Current Registered Agent**

**CONDOMINIUM MANAGEMENT, INC.  
1801 GLENGARY STREET  
SARASOTA FL 34231-3603**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PETERSEN, PETER A 3300-60 BENEVA RD. #123 SARASOTA FL 34232</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MESSINA, LEE A 3300-60 BENEVA RD. #123 SARASOTA FL 34232</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KISH, ELAINE 3300-60 BENEVA RD. #123 SARASOTA FL 34232</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CANE, LYDIA 3300-60 BENEVA RD. #123 SARASOTA FL 34232</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRIDAY, DONALD L 7303 CAPTAIN KIDD CIRCLE SARASOTA FL 34231</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS CLARK, P. RICHARD 1801 GLENGARY STREET SARASOTA FL 34231</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

**SEE ATTACHED**

100001755061  
 -00/22/96-01108--024  
 \*\*\*61.25

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 in our attachment with an address.

SIGNATURE: *P. Richard Clark*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**P. Richard Clark**  
 Date: **3/1/96** Daytime Phone #: **941-921-5393**

CP2E037 (12/95)

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**FWG**

**The Fairways and Greens Condominium Associa**

**Manager JIM**

**Local Address**

P/D                      **Mr. Peter A. Petersen**  
3300-60 Beneva Rd., #123  
Sarasota, FL 34232

D                              **Mr. Donald L. Friday**  
7307 Captain Kidd Circle  
Sarasota, FL 34231

T/D                         **Ms. Lydia Cane**  
3300-60 Beneva Rd., #233  
Sarasota, FL 34232

S/D                         **Mr. Mark Dolle**  
3300 Beneva Rd., #221  
Sarasota, FL 34232

A/S                         **P. Richard Clark**  
1801 Glengary Street  
Sarasota, FL

A/T                         **Paul R. Clark, Jr.**  
1801 Glengary Street  
Sarasota, FL

V/D                         **Mr. Lee A. Messina**  
3300-60 Beneva Rd., #231  
Sarasota, FL 34232