

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR 14 AM 8:46

DOCUMENT # N 94000003525 (2)

1. Corporation Name

Fairways & Greens Condominium Association, Inc.

Principal Place of Business

Mailing Address

**3300-3360 Beneva Road
Box 100
Sarasota, Fl. 34232**

3. Date Incorporated or Qualified
07/08/1994

3a. Date of Last Report
03/22/1996

21. 2. Principal Place of Business
3300-3360 Beneva Rd.

26. 2a. Mailing Address
3300-3360 Beneva Rd.

4. FEI Number
65-0520202

Applied For
Not Applicable

22. Suite, Apt. #, etc
Box 100

27. Suite, Apt. #, etc.
Box 100

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State
Sarasota, Fl. 34232

28. City & State
Sarasota, Fl. 34232

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip Country

29. Zip Country

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

61. Name
Mr. Peter Petersen

62. Street Address (P.O. Box Number is Not Acceptable)
3300-3360 Beneva Rd.

63. **Box 100**

64. City **Sarasota,** FL 65. Zip Code **34232**

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 *Mr. P. Petersen* **Mr. P. Petersen, Pres.**

Apr.-11-1997

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 **PD** DELETE
NAME **Petersen, Peter A.**
STREET ADDRESS **3360 Beneva Rd. #123**
CITY - ST - ZIP **Sarasota, Fl. 34232**

1.1 TITLE **PD** Change Addition
1.2 NAME **Petersen, Peter A.**
1.3 STREET ADDRESS **3360 Beneva Rd. # 123**
1.4 CITY - ST - ZIP **Sarasota, Fl. 34232**

TITLE **VD** DELETE
NAME **Messina, Lee A.**
STREET ADDRESS **3300 Beneva Rd. #231**
CITY - ST - ZIP **Sarasota, Fl. 34232**

2.1 TITLE **VD** Change Addition
2.2 NAME **Messina, Lee A.**
2.3 STREET ADDRESS **3300 Beneva Rd. # 231**
2.4 CITY - ST - ZIP **Sarasota, Fl. 34232**

TITLE DELETE
NAME **300002151603--1**
STREET ADDRESS **-04/23/97--01047--011**
CITY - ST - ZIP *******61.25 *****61.25**

3.1 TITLE **SD** Change Addition
3.2 NAME **McGann, John**
3.3 STREET ADDRESS **3300 Beneva Rd. #233**
3.4 CITY - ST - ZIP **Sarasota, Fl. 34232**

TITLE DELETE
NAME **FD (Appoint. / Non voting)**
STREET ADDRESS **Mrs. Messina, Ann**
CITY - ST - ZIP **3300 Beneva Rd. #231**

4.1 TITLE **FD (Appoint. / Non voting)** Change Addition
4.2 NAME **Mrs. Messina, Ann**
4.3 STREET ADDRESS **3300 Beneva Rd. #231**
4.4 CITY - ST - ZIP **Sarasota, Fl. 34232**

TITLE DELETE
NAME **Trustee**
STREET ADDRESS **Mrs. Alexander, Phyllis**
CITY - ST - ZIP **3300 Beneva Rd. #234**

5.1 TITLE **Trustee** Change Addition
5.2 NAME **Mrs. Alexander, Phyllis**
5.3 STREET ADDRESS **3300 Beneva Rd. #234**
5.4 CITY - ST - ZIP **Sarasota, Fl. 34232**

TITLE DELETE
NAME **Trustee**
STREET ADDRESS **Mrs. Zoss, Gene**
CITY - ST - ZIP **3360 Beneva Rd. #114**

6.1 TITLE **Trustee** Change Addition
6.2 NAME **Mrs. Zoss, Gene**
6.3 STREET ADDRESS **3360 Beneva Rd. #114**
6.4 CITY - ST - ZIP **Sarasota, Fl. 34232**

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: *Mr. P. Petersen* **Mr. P. Petersen, Pres. - Apr. 11-1997 -**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

(941) 923-6157

CR2E037 (12/95)