

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 03 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 3300-3360 BENEVA ROAD BOX 100 SARASOTA FL 34232	Mailing Address 3300-3360 BENEVA ROAD BOX 100 SARASOTA FL 34232
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3. Date Incorporated or Qualified 07/08/1994	Applied For Not Applicable
4. FEI Number 65-0520202	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

PETERSEN, PETER
 3300-3360 BENEVA RD.
 BOX 100
 SARASOTA FL 34232

10. Name and Address of New Registered Agent

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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME PETERSEN, PETER A	
STREET ADDRESS 3360 BENEVA RD. #123	
CITY-ST-ZIP SARASOTA FL 34232	
TITLE VD	<input type="checkbox"/> DELETE
NAME MESSINA, LEE A	
STREET ADDRESS 3300 BENEVA RD. #231	
CITY-ST-ZIP SARASOTA FL 34232	
TITLE SD	<input type="checkbox"/> DELETE
NAME MCGANN, JOHN	
STREET ADDRESS 3300 BENEVA RD. #233	
CITY-ST-ZIP SARASOTA FL 34232	
TITLE TD	<input type="checkbox"/> DELETE
NAME MESSINA, ANN	
STREET ADDRESS 3300 BENEVA RD. #234	
CITY-ST-ZIP SARASOTA FL 34232	
TITLE T	<input type="checkbox"/> DELETE
NAME ALEXANDER, PHYLLIS	
STREET ADDRESS 3300 BENEVA RD. #234	
CITY-ST-ZIP SARASOTA FL 34231	
TITLE T	<input type="checkbox"/> DELETE
NAME ZOSS, GENE MRS.	
STREET ADDRESS 3360 BENEVA RD. #114	
CITY-ST-ZIP SARASOTA FL 34232	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: John Peterson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG-28-1998
 Date Daytime Phone #

CR2E037 (5/98)