

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. WELLS
GOVERNOR
TALLAHASSEE, FLORIDA

APPROVED
FILED

50 MAY - 1 11:12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23074 (0)**
THE FAIRWAYS NEIGHBORHOOD ASSOCIATION, INC.

1. Principal Office (Mailing)
2180 W. SR 434
STE. 5000
LONGWOOD FL 32779
US

Mailing Address:
2180 W SR 434
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 10/19/1987
3a. Date of Last Report: 03/23/1994

4. FFI Number: 59-2882640
Applied For:
Not Applicable:

2. Principal Place of Business:
21
State: Apt. # etc.: 25
City & State: 23

2a. Mailing Address:
26
State: Apt. # etc.: 27
City & State: 28

24 **25** **29** **30**

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

6. Has been delinquent in paying Franchise Fee or Franchise Admissions Fee: **\$5.00 May Be Added to Fees**

7. Nonprofit with 501(c)(3) or 501(c)(6) Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under the Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W SR 434, STE. 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: _____
82 Street Address: (If No Number is Not Applicable) _____
83 _____
84 City: _____ **FL** **85** Zip Code: _____

11. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein, and that I am duly qualified to act as a registered agent for the corporation named herein.

SIGNATURE: _____ **DATE:** _____

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
NAME	STREET ADDRESS	NAME	STREET ADDRESS
PD MONTALVO, MIGUEL 14151 SNEAD CIR ORLANDO FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD JONES, GEORGE A 3178 ZAHARIAS DR ORLANDO FL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VB KENT CARD 3145 ZAHARIAS DRIVE ORLANDO, FL 32837
SDT CARD, KENT 3145 ZAHARIAS DR. ORLANDO FL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STD FRED RANKIN 14144 SNEAD CIRCLE ORLANDO, FL 32837
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, do hereby certify that the information supplied with this report is voluntarily furnished and true, not equal, for the information stated in Section 119.05, Florida Statutes, Chapter 607, that the information included on the annual report or supplementary annual report is true and correct and that my signature shall have the same legal effect as if the report or supplementary annual report were filed with the Secretary of State, and that my signature shall have the same legal effect as if the report or supplementary annual report were filed with the Secretary of State, and that my signature shall have the same legal effect as if the report or supplementary annual report were filed with the Secretary of State, and that my signature shall have the same legal effect as if the report or supplementary annual report were filed with the Secretary of State.

SIGNATURE: *Miguel D. L. Montalvo* **DATE:** 3-14-95 **PHONE:** (407) 855-6241