FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N25579** **(6)**

1. Corporation Name

FAIRWAY COVE HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2180 W SR 434 SUITE 5000 LONGWOOD FL 32779 US	2180 W SR 434 SUITE 5000 LONGWOOD FL 32779 US

3. Date Incorporated or Qualified: **03/24/1988**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **59-2898719** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

HART, JR J W.
SENTRY MANAGEMENT, INC.
2180 W. SR 434, SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when indicated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	TD	☒ Change ☐ Addition
NAME	WINIT, ELLIOTT	12 NAME		
STREET ADDRESS	6626 CRENSHAW DR	13 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP		
TITLE	~~SD~~	21 TITLE	VD	☒ Change ☐ Addition
NAME	WISE, JERRY	22 NAME		
STREET ADDRESS	1131 ZACHERY WAY	23 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP		
TITLE	~~VD~~	31 TITLE	PD	☒ Change ☐ Addition
NAME	~~ALLEN, BOB~~	32 NAME	GATES, ROSEMARY	
STREET ADDRESS	~~6622 CRENSHAW DR~~	33 STREET ADDRESS	6540 FAIRWAY HILL CT	
CITY ST ZIP	~~ORLANDO FL~~	34 CITY ST ZIP	ORLANDO FL	
TITLE	~~D~~	41 TITLE	D/S	☒ Change ☐ Addition
NAME	JOYNER, ROBERT	42 NAME		
STREET ADDRESS	6606 CRISTINA MARIE DR	43 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP		
TITLE	~~TD~~	51 TITLE	VD	☒ Change ☐ Addition
NAME	NASSER, HAZEM	52 NAME		
STREET ADDRESS	6623 FAIRWAY COVE DR	53 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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: Rosemary Gates ROSEMARY GATES 2/22/95 839-1570 x 410
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0003818