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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:13

DOCUMENT # N93000002356 (4)

1. Corporation Name

THE PRESERVE AT FAIRWAY OAKS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O QUALIFIED PROPERTY MGMT. 1730 U.S. 19, SUITE 17 PORT RICHEY FL 34668	C/O QUALIFIED PROPERTY MGMT. 1730 U.S. 19, SUITE 17 PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3185421 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 10730 U.S. 19	26 10730 U.S. 19
Suite, Apt. #, etc. 22 SUITE 17	Suite, Apt. #, etc. 27 SUITE 17
City & State 23 PORT RICHEY FL	City & State 28 PORT RICHEY FL.
Zip / Country 24 34668 25 PASCO	Zip / Country 29 34668 30 PASCO

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 S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NAGELKERK, THOMAS L 6709 RIDGE RD. SUITE 200 • PORT RICHEY FL 34668	81 Name: DAVID C. NORTON 82 Street Address (P.O. Box Number is Not Acceptable): 6709 RIDGE RD 83: SUITE 200 84 City: PORT RICHEY FL. FL 85 Zip Code: 34668

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: [signature] DAVID C. NORTON 5-18-95
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	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	~~NAGELKERK, THOMAS L~~	12 NAME	DAVID C. NORTON	
STREET ADDRESS	~~6709 RIDGE RD., STE. 200~~	13 STREET ADDRESS	6709 RIDGE RD. STE.200	
CITY-ST-ZIP	~~PORT RICHEY FL 34668~~	14 CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	DVT	21 TITLE		☐ Change ☐ Addition
NAME	SLEEMAN, GEORGE K	22 NAME		
STREET ADDRESS	6709 RIDGE RD., STE. 200	23 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668	24 CITY-ST-ZIP		
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	SILVA, SUSAN	32 NAME		
STREET ADDRESS	6709 RIDGE RD., STE. 200	33 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	REMITTED BY MAY 1	☐ 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)(i), 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: [signature] 4-26-95 813 848-7412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID C. NORTON

0087883