

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N25579** (6)  
1. Corporation Name  
**FAIRWAY COVE HOMEOWNERS' ASSOCIATION, INC.**



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

Mailing Address  
**2180 W SR 434  
SUITE 5000  
LONGWOOD FL 32779  
US**

3. Date Incorporated or Qualified  
**03/24/1988**

3a. Date of Last Report  
**05/01/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
**25**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country  
**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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WINIT, ELLIOTT	
STREET ADDRESS	6626 CRENSHAW DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WISE, JERRY	
STREET ADDRESS	1131 ZACHERY WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GATES, ROSEMARY	
STREET ADDRESS	6540 FAIRWAY HILL CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	JOYNER, ROBERT	
STREET ADDRESS	6606 CRISTINA MARIE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NASSER, HAZEM	
STREET ADDRESS	6623 FAIRWAY COVE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OGLETREE, DONNA	
1.3 STREET ADDRESS	6600 ANDREA ROSE DR	
1.4 CITY-ST-ZIP	ORLANDO, FL	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LYNCH, LARRY	
2.3 STREET ADDRESS	6601 CRISTINA MARIE DR	
2.4 CITY-ST-ZIP	ORLANDO, FL	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CURTIS, SUSAN	
4.3 STREET ADDRESS	6607 CRISTINA MARIE DR	
4.4 CITY-ST-ZIP	ORLANDO, FL	
5.1 TITLE	D	<input checked="" 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)