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Mar 18 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 # **N01204** (9)

1. Corporation Name

FAIRWOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 6253
LAKELAND FL 33807-3253

Mailing Address

P.O. BOX 6253
LAKELAND FL 33807-3253

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/02/1984

4. FEI Number

65-0002729

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

AUGUST IMPERIAL MANAGEMENT, INC.
5925 IMPERIAL PKWY #110
MULBERRY FL 33860

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 ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
HUNTER, WILLIAM N
6021 TROPHY TRAIL
MULBERRY FL 33860**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
DANIELS, F. DILLON
6006 TROPHY TRAIL
MULBERRY FL 33860**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
BRENNAN, REGINA G
6070 TROPHY TRAIL
MULBERRY FL 33860**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
REID, WILLIAM W SR
1889 VILLAGE CT
MULBERRY FL**

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BAUDEHOISTEL, RUTH
6083 TROPHY TRAIL
MULBERRY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PAUL, HAL
4925 FOX RUN
LAKELAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**D
WATKINS, DENNIS C
6238 HATCHER RD
LAKELAND, FL 33811**

14. I hereby certify that the information supplied with this filing 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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone #

CR2E037 (10/97)