


FILE NOW: FILING FEE IS \$61.25

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90070 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000002356					
1. Corporation Name THE PRESERVE AT FAIRWAY OAKS HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 4800 MILE STRETCH DR. HOLIDAY FL 34690 US			Mailing Address 4800 MILE STRETCH DR. HOLIDAY FL 34690 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/20/1993 4. FEI Number 59-3185421 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution	

9. Name and Address of Current Registered Agent REIMER, FREDERICK 4800 MILE STRETCH DR. HOLIDAY FL 34690				10. Name and Address of New Registered Agent 81 Name <i>David Norton</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>4800 Mile Stretch Dr.</i> 83 84 City <i>Holiday</i> FL 85 Zip Code <i>34690</i>			
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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 *DAVID C. NORTON* DATE *3-4-99*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NORTON, DAVID C			1.2 NAME			
STREET ADDRESS	6709 RIDGE RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLEEMAN, GEORGE K			2.2 NAME			
STREET ADDRESS	6709 RIDGE RD.,			2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL 34668			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SILVA, SUSAN			3.2 NAME			
STREET ADDRESS	6709 RIDGE RD.,			3.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL 34668			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DAVID C. NORTON*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-99

Date

Daytime Phone #

CR2E037-11/98