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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N25579

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/24/1988

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

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 PD ☐ DELETE

NAME STINE, D'UVA  
STREET ADDRESS 6710 FAIRWAY COVE DR  
CITY-ST-ZIP ORLANDO FL 32835

TITLE VD ☐ DELETE

NAME GLANFIELD, JIM  
STREET ADDRESS 1141 MISSION RIDGE CT  
CITY-ST-ZIP ORLANDO FL 32835

TITLE VD ☒ DELETE

NAME MRHA, JOHN  
STREET ADDRESS 6619 FAIRWAY COVE DR.  
CITY-ST-ZIP ORLANDO FL

TITLE TD ☒ DELETE

NAME CURTIS, SUSAN  
STREET ADDRESS 6607 CRISTINA MARIE DR  
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ DELETE

NAME FRANK, MITCH  
STREET ADDRESS 6613 CRENSHAW DR  
CITY-ST-ZIP ORLANDO F 3283

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

VD  
AGNEW, MARTHA  
1112 ZACHARY WAY  
ORLANDO, FL 32835

TD  
WRIGHT, LOVELLE  
6648 CRISTINA MARIE DR.  
ORLANDO, FL 32835

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99

292-6126

Date

Daytime Phone #

CR2E037-(41/98)