

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

RE

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90046 026 \*\*\*\*61.25

**DOCUMENT # N23074**

1. Entity Name

THE FAIRWAYS NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

14101 TOWN LOOP BLVD  
ORLANDO FL 32837  
US

Mailing Address

14101 TOWN LOOP BLVD  
ORLANDO FL 32837  
US

**54019975**



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2882640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, ROBERT L  
850 CONCOURSE PARKWAY SOUTH  
SUITE 105  
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINEMILLER, GWENDOLYN B 3008 ZAHARIAS DRIVE ORLANDO FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PERO, ROBERT <input checked="" type="checkbox"/> Delete 3044 ZAHARIAS DRIVE ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Shel Hart <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3009 Zaharias Drive ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHWARTZ, EDWARD <input type="checkbox"/> Delete 2901 ZAHARIAS DRIVE ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gwendolyn B. Winemiller* GWENDOLYN B.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WINEMILLER

2/12/04

Date

407-438-9055

Daytime Phone #