FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:49

DOCUMENT # **721465** **(3)**

1. Corporation Name
FAIRWAY OAKS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
245 AMHERST AVE. SARASOTA FL 34232	245 AMHERST AVE. SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/04/1971**
3a. Date of Last Report: **02/14/1994**
4. FEI Number: **59-1428805** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.
630 S. ORANGE AVE.
THIRD FLOOR
SARASOTA FL 34236

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LUANNE PARKER	1.2 NAME	RICHARD MOODY	
STREET ADDRESS	3762 DELTA ST	1.3 STREET ADDRESS	3441 51st AVENUE CIRCLE EAST	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	BRADENTON, FLORIDA 34210	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	JEAN DEERING	2.2 NAME	THOMAS ERNST	
STREET ADDRESS	3722 DELTA ST	2.3 STREET ADDRESS	215 AMHERST AVENUE	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34232	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	HOLLANDER, ANN	3.2 NAME	JUDY SIEMION	
STREET ADDRESS	223 AMHERST AVE	3.3 STREET ADDRESS	211 AMHERST AVENUE	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34232	
TITLE	TD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	MOODY, RICHARD	4.2 NAME	DENISE NEWELL	
STREET ADDRESS	3441 51 ST. AVE CIRCLE WEST	4.3 STREET ADDRESS	205 ELLIOT AVENUE	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34232	
TITLE		5.1 TITLE	TD	☒ Change ☐ Addition
NAME		5.2 NAME	JEAN DEERING	
STREET ADDRESS		5.3 STREET ADDRESS	3722 DELTA STREET	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34232	
TITLE		6.1 TITLE	D	☒ Change ☐ Addition
NAME		6.2 NAME	MICHAEL BALTZER	
STREET ADDRESS		6.3 STREET ADDRESS	1922 PANDORA DRIVE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34231	

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: Jean Deering Tee. 3/20/95 371-4640
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0083373