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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **721465**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/04/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1428805 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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 _____ 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	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	PARKER, LUANNE		1.2 NAME	Mark Kudlov	
STREET ADDRESS	3726 DELTA ST		1.3 STREET ADDRESS	3705 71st Terrace E.	
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY-ST-ZIP	Sarasota, Florida 34243	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☒ Addition
NAME	THORSON, GRETCHEN		2.2 NAME	Eugene Benson	
STREET ADDRESS	3720 DELTA ST		2.3 STREET ADDRESS	3773 Delta Street	
CITY-ST-ZIP	SARASOTA FL 34232		2.4 CITY-ST-ZIP	Sarasota, Florida 34232	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JEAN DEERING		3.2 NAME		
STREET ADDRESS	3722 DELTA ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HEINRICH, NANCY		4.2 NAME		
STREET ADDRESS	3717 DELTA ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BIGELOW, DAWN		5.2 NAME		
STREET ADDRESS	4503 NELSON AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHUREB, VICTOR		6.2 NAME		
STREET ADDRESS	8449 LONE EAGLE WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Luanne Parker SIGNATURE REQUIRED Luanne Parker 1/29/99 941-371-4640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #