

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 725078 (0)
1. Corporation Name

CARROLLWOOD VILLAGE FAIRWAY TOWNHOUSES CONDOMINIUMS ASSOCIATION, INC



Principal Place of Business: 4131 GUNN HIGHWAY TAMPA FL 33624
Mailing Address: 4131 GUNN HIGHWAY TAMPA FL 33624

3. Date Incorporated or Qualified: 12/21/1972
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City & State, Zip, and Country.
4. FEI Number: 59-1456773
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: GREENACRE PROPERTIES, INC. 4131 GUNN HIGHWAY TAMPA FL 33624
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: RING, KARL STREET ADDRESS: 4206 FAIRWAY CIRCLE CITY - ST - ZIP: TAMPA, FL 00000	1.1 TITLE: S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T	NAME: OLMSTEAD, LYNN STREET ADDRESS: 4220 FAIRWAY CIRCLE CITY - ST - ZIP: TAMPA, FL 00000	2.1 TITLE: W/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P	NAME: CORYELL, DON STREET ADDRESS: 4218 FAIRWAY RUN CITY - ST - ZIP: TAMPA FL	2.2 NAME: WHIDDEN, SHERYL 2.3 STREET ADDRESS: 4221 FAIRWAY CIR 2.4 CITY - ST - ZIP: TAMPA, FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: OSBORNE, ANNA STREET ADDRESS: 4208 FAIRWAY CIRCLE CITY - ST - ZIP: TAMPA, FL 00000	3.1 TITLE: P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S	NAME: COPENHAVER, ELIZABETH STREET ADDRESS: 4203 FAIRWAY CIRCLE CITY - ST - ZIP: TAMPA, FL 00000	4.2 NAME: Jim BARDIN 4.3 STREET ADDRESS: 4226 FAIRWAY CIR 4.4 CITY - ST - ZIP: TAMPA, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: []	NAME: [] STREET ADDRESS: [] CITY - ST - ZIP: []	5.1 TITLE: V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: []	NAME: [] STREET ADDRESS: [] CITY - ST - ZIP: []	5.2 NAME: Mock, ROGER 5.3 STREET ADDRESS: 4213 FAIRWAY RUN 5.4 CITY - ST - ZIP: TAMPA, FL 33624	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: []	NAME: [] STREET ADDRESS: [] CITY - ST - ZIP: []	6.1 TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: []	NAME: [] STREET ADDRESS: [] CITY - ST - ZIP: []	6.2 NAME: Justo, SHIRLEY 6.3 STREET ADDRESS: 4223 FAIRWAY CIR 6.4 CITY - ST - ZIP: TAMPA, FL 33624	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, changed, or on an attachment with an address.

SIGNATURE: *Don R Coryell* DON R CORYELL 2-22-96 8/3 962-6951
Date: 2-22-96 Daytime Phone: 8/3 962-6951

CP2E037 (12/95)