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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:02

DOCUMENT # 747025 (5)

1. Corporation Name
FAIRWAYS OF CORAL SPRINGS CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
9150 HAMPSHIRE DR. #306 P.O. BOX 9519 CORAL SPRINGS FL 33075	9150 HAMPSHIRE DR. #306 P.O. BOX 9519 CORAL SPRINGS FL 33075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1979
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-1923005 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SOUTHEAST CONDOMINIUM MANAGEMENT
3111 UNIVERSITY DR SUITE 601
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: KUEHN, Roberta
82 Street Address (P.O. Box Number is Not Acceptable): 9150 N W 38 DR. #105
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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: Roberta Kuehn DATE: 2/3/95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	COKER, DOCIA	1.2 NAME	
STREET ADDRESS	9150 NW 38TH DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	STEIN, SYLVIA	2.2 NAME	
STREET ADDRESS	9150 NW 38 DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	KUEHN, ROBERTA	3.2 NAME	
STREET ADDRESS	9150 NW 38 DR. #105	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MCMAHON, PAULETTE	4.2 NAME	
STREET ADDRESS	9150 NW 38TH DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HODGE, ART	5.2 NAME	
STREET ADDRESS	9150 NW 38TH DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: Roberta Kuehn 2/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040627