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

APPROVED AND FILED

95 MAR -6 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749390 (1)

1. Corporation Name

FAIRWAY VILLAS PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
5640 MASHIE CIRCLE NORTH PORT FL 34287	5640 MASHIE CIRCLE NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1979
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2112217 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

LEE, PATRICIA J.
FAIRWAY VILLS P/O ASSN, INC
5640 MASHIE CIRCLE
NORTH PORT FL 34287

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 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	~~VD~~	1.1 TITLE	VP ☐ Change ☐ Addition
NAME	~~REIGLE, NORMAN~~	1.2 NAME	GEBBEN, NELSON
STREET ADDRESS	~~5729 MASHIE CIRCLE~~	1.3 STREET ADDRESS	5541 Niblick Circle
CITY-ST-ZIP	~~NORTH PORT FL 34287~~	1.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	~~TD~~	2.1 TITLE	P ☐ Change ☐ Addition
NAME	PAYTON, ELEANORE	2.2 NAME	
STREET ADDRESS	5230 NIBLICK CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO PORT FL	2.4 CITY-ST-ZIP	
TITLE	~~TD~~	3.1 TITLE	TD ☐ Change ☐ Addition
NAME	~~NICHOLSON, LOIS~~	3.2 NAME	CALIGUIRE, THOMAS
STREET ADDRESS	~~5785 MASHIE CIR~~	3.3 STREET ADDRESS	5333 Brassy Circle
CITY-ST-ZIP	~~NORT PORT FL~~	3.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GRONDIN, JOSEPH	4.2 NAME	
STREET ADDRESS	5700 NIBLICK CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NO PORT FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, DORIS	5.2 NAME	
STREET ADDRESS	5948 NIBLICK CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHPORT FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D ☐ Change ☐ Addition
NAME		6.2 NAME	STEINER, JOSEPH
STREET ADDRESS		6.3 STREET ADDRESS	5600 Fairway Blvd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	North Port, FL 34287

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)(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.

SIGNATURE: Eleanore Payton 3-1-95 (813) 426-5836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President

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