FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 10/18/1979

3a. Date of Last Report: 03/06/1995

4. FEI Number: 59-2112217 ☐ 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

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

~~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: DORIS BAILEY
82 Street Address (P.O. Box Number is Not Acceptable): 5948 NIBLICK CIR
83
84 City: NORTH PORT FL 85 Zip Code: 34287

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: Doris A. Bailey 4/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	GEBBEN, NELSON		1.2 NAME	GEBBEN, NELSON	
STREET ADDRESS	5541 NIBLICK CIR		1.3 STREET ADDRESS	5541 NIBLICK CIR	
CITY-ST-ZIP	NORTH PORT FL		1.4 CITY-ST-ZIP	NORTH PORT, FL	
TITLE	P	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	PAYTON, ELEANORE		2.2 NAME	BROADHURST, JACKIE	
STREET ADDRESS	5230 NIBLICK CIR		2.3 STREET ADDRESS	5625 MASHIE CIR	
CITY-ST-ZIP	NO PORT FL		2.4 CITY-ST-ZIP	NORTH PORT, FL	
TITLE	TD	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	CALIGUIRE, THOMAS		3.2 NAME	DEHAVEN, BARBARA	
STREET ADDRESS	5333 BRASSY CIR		3.3 STREET ADDRESS	5301 BRASSY CIR	
CITY-ST-ZIP	NORT PORT FL		3.4 CITY-ST-ZIP	NORTH PORT, FL	
TITLE	D	☐ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	GRONDIN, JOSEPH		4.2 NAME	GRONDIN, JOSEPH	
STREET ADDRESS	5700 NIBLICK CIR		4.3 STREET ADDRESS	5700 NIBLICK CIR	
CITY-ST-ZIP	NO PORT FL		4.4 CITY-ST-ZIP	NORTH PORT, FL	
TITLE	SD	☐ DELETE	5.1 TITLE	P	☒ Change ☐ Addition
NAME	BAILEY, DORIS		5.2 NAME	BAILEY, DORIS	
STREET ADDRESS	5948 NIBLICK CIR		5.3 STREET ADDRESS	5948 NIBLICK CIR	
CITY-ST-ZIP	NORTHPORT FL		5.4 CITY-ST-ZIP	NORTH PORT, FL	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	STEINER, JOSEPH		6.2 NAME	COCHRANE, ROBERT	
STREET ADDRESS	5600 FAIRWAY BLVD		6.3 STREET ADDRESS	5701 NIBLICK CIR	
CITY-ST-ZIP	NORTH PORT FL		6.4 CITY-ST-ZIP	NORTH PORT, FL	

CR2E037 (12/95)

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: Doris A. Bailey 4/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #