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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **749390**

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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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

4. FEI Number: 59-2112217 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COCHRANE, ROBERT
5701 NIBLICK CR.
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 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 -Robert Cochrane; Pres. Robert D. Cochrane 2/22/99
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCELROY, WILLIAM		1.2 NAME		
STREET ADDRESS	6700 SO BISCAYNE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL 34287		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, JANE		2.2 NAME		
STREET ADDRESS	5585 BRASSY CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL 34287		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COFFEY, CHARLENE		3.2 NAME		
STREET ADDRESS	5757 MASHIE CIR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	N.P. FL 34287		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	POTOCKI, DIANA		4.2 NAME		
STREET ADDRESS	5590 NIBLICK CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL 34428		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	GERKEN, HARRY		5.2 NAME	D	
STREET ADDRESS	5784 NIBLICK CIR.		5.3 STREET ADDRESS	CARL, AL	
CITY-ST-ZIP	N.P. FL 34287		5.4 CITY-ST-ZIP	5100 Niblick;North Port Fl.34287	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	DEHAVEN, BARBARA		6.2 NAME	D	
STREET ADDRESS	5301 BRASSY CR		6.3 STREET ADDRESS	STEVENS, ANN	
CITY-ST-ZIP	N PORT FL		6.4 CITY-ST-ZIP	5390 Brassy Cir.North Port, Fl	

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: SIGNATURE REQUIRED Robert D Cochrane 2/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #