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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **751740** **(2)**

1. Corporation Name

FAIRWAY RUN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
57-105 DOUGLAS ST HOMOSASSA FL 34446 US	57-105 DOUGLAS ST HOMOSASSA FL 34446-3843 US

3. Date Incorporated or Qualified: **03/27/1980**
3a. Date of Last Report: **04/03/1996**

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

4. FEI Number: **59-1999344** ☐ 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

9. Name and Address of Current Registered Agent

ABBOTT, GLEN C
9 WEST BALSAM CT
HOMOSASSA FL 32646

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 **34446**

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 _____ DATE
Signature, type or print 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RODIGER, DONALD		1.2 NAME		
STREET ADDRESS	57-111 DOUGLAS ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	CAPONE, JOSEPH		2.2 NAME	* NICHOLS, SHARON	
STREET ADDRESS	57-107 DOUGLAS ST		2.3 STREET ADDRESS	57-106 DOUGLAS ST.	
CITY-ST-ZIP	HOMOSASSA FL		2.4 CITY-ST-ZIP	HOMOSASSA, FL	
TITLE	S	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	RODIGER, SANDRA		3.2 NAME	MCLAUGHLIN, CAROLE	
STREET ADDRESS	57-111 DOUGLAS ST		3.3 STREET ADDRESS	57-110 DOUGLAS ST.	
CITY-ST-ZIP	HOMOSASSA FL		3.4 CITY-ST-ZIP	HOMOSASSA, FL	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCANLON, JAMES M.		4.2 NAME		
STREET ADDRESS	57-105 DOUGLAS ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	MCLAUGHLIN, CAROLE		5.2 NAME		
STREET ADDRESS	57-110 DOUGLAS ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCCOY, MARIE J.		6.2 NAME		
STREET ADDRESS	16 PURVIS ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	WATERTOWN MA		6.4 CITY-ST-ZIP		

14. I do 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.

JAMES M. SCANLON, TD

SIGNATURE: _____ 4-4-97 352-382-5115

CR2E037 (9/96)