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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morgan Secretary of State DIVISION OF CORPORATIONS
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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
US

2. Principal Place of Business

2a. Mailing Address

21 57 DOUGLAS ST

26 P.O. Box 1686

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

106

HOMOSASSA

City & State

City & State

23 HOMOSASSA, FL

28 HOMOSASSA, FL

Zip

Zip

34446

34447

Country

Country

CITRUS

CITRUS

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/27/1980

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

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

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 PD
NAME NICHOLS, SHARON
STREET ADDRESS 57-106 DOUGLAS ST
CITY-ST-ZIP HOMOSASSA FL

1.1 TITLE PD
1.2 NAME NICHOLS, SHARON
1.3 STREET ADDRESS P.O. Box 1686 (N/A)
1.4 CITY-ST-ZIP HOMOSASSA, FL 34447

TITLE VD
NAME CAPONE, JOSEPH
STREET ADDRESS 57-107 DOUGLAS ST
CITY-ST-ZIP HOMOSASSA FL

2.1 TITLE VD
2.2 NAME SHEIKH, NASIR
2.3 STREET ADDRESS 57-109 DOUGLAS ST.
2.4 CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE SD
NAME MCLAUGHLIN, CAROLE
STREET ADDRESS 57-110 DOUGLAS ST
CITY-ST-ZIP HOMOSASSA FL

3.1 TITLE SD
3.2 NAME MCLAUGHLIN, CAROLE
3.3 STREET ADDRESS 130 NORTH 4TH ST.
3.4 CITY-ST-ZIP LEESBURG, FL 34748

TITLE TD
NAME SCANLON, JAMES M.
STREET ADDRESS 57-105 DOUGLAS ST
CITY-ST-ZIP HOMOSASSA FL

4.1 TITLE T
4.2 NAME NICHOLS, DR. CHARLES
4.3 STREET ADDRESS P.O. Box 1686 (N/A)
4.4 CITY-ST-ZIP HOMOSASSA, FL 34447

TITLE D
NAME MCLAUGHLIN, CAROLE
STREET ADDRESS 57-110 DOUGLAS ST
CITY-ST-ZIP HOMOSASSA FL

5.1 TITLE D
5.2 NAME SCANLON, JAMES M.
5.3 STREET ADDRESS 57-105 DOUGLAS ST.
5.4 CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE D
NAME MCCOY, MARIE J.
STREET ADDRESS 16 PURVIS ST.
CITY-ST-ZIP WATERTOWN MA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: James M. Scanlon JAMES M. SCANLON 3/7/98 352-382-5215

CR2E037 (10/97)