

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90069 013 ****61.25

DOCUMENT # 751740

1. Corporation Name

FAIRWAY RUN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

57 DOUGLAS ST
106
HOMOSASSA FL 34446
US

Mailing Address

P O BOX 1686
HOMOSASSA FL 34447
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

9. Name and Address of Current Registered Agent

ABBOTT, GLEN C
9 WEST BALSAM CT
HOMOSASSA FL 34446

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

TITLE PD ☐ DELETE
NAME NICHOLS, SHARON
STREET ADDRESS P O BOX 1686 N/A
CITY-ST-ZIP HOMOSASSA FL 34447

TITLE VD ☐ DELETE
NAME SHIEKH, NASIR
STREET ADDRESS 57-109 DOUGLAS ST
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE SD ☐ DELETE
NAME MCLAUGHLIN, CAROLE
STREET ADDRESS 130 NORTH 7TH ST
CITY-ST-ZIP LEESBURG FL 34748

TITLE T ☐ DELETE
NAME NICHOLS, CHARLES D
STREET ADDRESS P O BOX 1686 N/A
CITY-ST-ZIP HOMOSASSA FL 34447

TITLE D ☐ DELETE
NAME SCANLON, JAMES M
STREET ADDRESS 57-105 DOUGLAS ST
CITY-ST-ZIP HOMOSASSA FL 34446

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-99 35238246
Date Daytime Phone #

0069669

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