

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **768070** (5)

1. Corporation Name

FAIRWAY LAKES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**31 OCEAN REEF DR.
SUITE A-207
KEY LARGO FL 33037**

**31 OCEAN REEF DR.
SUITE A-207
KEY LARGO FL 33037**

3. Date Incorporated or Qualified
04/20/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number

59-2394899

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

10. Name and Address of New Registered Agent

**MOSS, EVELYN
31 OCEAN REEF DR A-207
KEY LARGO FL 33037**

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

Evelyn Moss, Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **KESSLER, FRED**
STREET ADDRESS **FL 10 LAKESIDE LN ORC**
CITY-ST-ZIP **KEY LARGO FL**

TITLE **ST** ☒ DELETE
NAME **RICHARDS, LIZ**
STREET ADDRESS **FL 47 LAKESIDE LN ORC**
CITY-ST-ZIP **KEY LARGO FL**

TITLE **PDA** ☐ DELETE
NAME **MOSS, EVELYN**
STREET ADDRESS **31 OCEAN REEF DR A-207**
CITY-ST-ZIP **KEY LARGO FL**

TITLE **VD** ☐ DELETE
NAME **SUTTON, ED**
STREET ADDRESS **31 OCEAN REEF DR A-207**
CITY-ST-ZIP **KEY LARGO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Richards, Liz**
2.3 STREET ADDRESS **FL 47 Lakeside Ln**
2.4 CITY-ST-ZIP **Key Largo, FL 33037**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Mills, Nancy**
3.4 CITY-ST-ZIP **31 Ocean Reef Dr A-207**
Key Largo, FL 33037

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Silkett, Robert**
4.4 CITY-ST-ZIP **31 Ocean Reef Dr A-207**
Key Largo, FL 33037

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 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:

Evelyn Moss, Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)