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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768070 (5)
 1. Corporation Name
FAIRWAY LAKES ASSOCIATION, INC.



Principal Place of Business 31 OCEAN REEF DR. SUITE A-207 KEY LARGO FL 33037	Mailing Address 31 OCEAN REEF DR. SUITE A-207 KEY LARGO FL 33037	3. Date Incorporated or Qualified 04/20/1983
		4. FEI Number 59-2394899

2. Principal Place of Business 21 120 Anchor Drive Suite, Apt. #, etc.	2a. Mailing Address 26 100 Anchor Drive #476 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22 City & State 23 Key Largo, FL	27 City & State 28 Key Largo, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33037	25 Country	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26 Zip 33037	27 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Moss, Evelyn
82 Street Address (P.O. Box Number is Not Acceptable) 100 Anchor Drive #476
83
84 City Key Largo
85 Zip Code FL 33037

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* **Evelyn Moss** **4-27-98**
 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 DP	NAME RICHARDS, LUZ	STREET ADDRESS FL 47 LAKESIDE LANE	CITY-ST-ZIP KEY LARGO FL	<input type="checkbox"/> DELETE	1.1 TITLE PD	1.2 NAME Richards, Liz	1.3 STREET ADDRESS 100 Anchor Drive #476	1.4 CITY-ST-ZIP Key Largo, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME MILLS, NANCY	STREET ADDRESS 31 OCEAN REEF DRIVE A-207	CITY-ST-ZIP KEY LARGO FL	<input type="checkbox"/> DELETE	2.1 TITLE SD	2.2 NAME Mills, Nancy	2.3 STREET ADDRESS 100 Anchor Drive #476	2.4 CITY-ST-ZIP Key Largo, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PDA	NAME MOSS, EVELYN	STREET ADDRESS 31 OCEAN REEF DR A-207	CITY-ST-ZIP KEY LARGO FL	<input type="checkbox"/> DELETE	3.1 TITLE POA	3.2 NAME Moss, Evelyn	3.3 STREET ADDRESS 100 anchor Drive #476	3.4 CITY-ST-ZIP Key Largo, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME BENISCH, ABNER	STREET ADDRESS 31 OCEAN REEF DR A-207	CITY-ST-ZIP KEY LARGO FL	<input type="checkbox"/> DELETE	4.1 TITLE VD	4.2 NAME Benisch, Abner	4.3 STREET ADDRESS 100 Anchor Drive #476	4.4 CITY-ST-ZIP Key Largo, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME SILKETT, ROBERT	STREET ADDRESS 31 OCEAN REEF DR A207	CITY-ST-ZIP KEY LARGO FL	<input type="checkbox"/> DELETE	5.1 TITLE TD	5.2 NAME Silkett, Robert	5.3 STREET ADDRESS 100 Anchor Drive #476	5.4 CITY-ST-ZIP Key Largo, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DELETED	NAME DELETED	STREET ADDRESS DELETED	CITY-ST-ZIP DELETED	<input type="checkbox"/> DELETE	6.1 TITLE DELETED	6.2 NAME DELETED	6.3 STREET ADDRESS DELETED	6.4 CITY-ST-ZIP DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Evelyn Moss* **Evelyn Moss** **4-27-98** **305 367-3232**

CF2E037 (10/97)