

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **768823** (7)

1. Corporation Name
FAIRWAY SPRINGS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**3331 PLAYER DRIVE
NEW PORT RICHEY FL 34655**

Mailing Address
**3331 PLAYER DRIVE
NEW PORT RICHEY FL 34655**

3. Date Incorporated or Qualified
06/09/1983

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

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	59-2318151	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
			30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEYTON, DONALD R.
7317 LITTLE ROAD
NEW PORT RICHEY FL 34654**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	D VICE-PRES <input type="checkbox"/> DELETE	11 TITLE	D-PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OUBRE, D B	12 NAME	ANNE KALBACH
STREET ADDRESS	3904 WATSON DRIVE	13 STREET ADDRESS	9911 STEPHENSON DR.
CITY-ST-ZIP	NEW PORT RICHEY FL	14 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	VPD <input checked="" type="checkbox"/> DELETE	21 TITLE	D-SECU <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBER, JOHN	22 NAME	RICHARD BAKER
STREET ADDRESS	3510 HOGAN DRIVE	23 STREET ADDRESS	3810 PLAYER DR.
CITY-ST-ZIP	NEW PORT RICHEY FL	24 CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	SD <input checked="" type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAUNER, MARLENE	32 NAME	SAMUEL LEDWITCH
STREET ADDRESS	9686 LOPEZ DRIVE	33 STREET ADDRESS	3732 SARAZEN DR.
CITY-ST-ZIP	NEW PORT RICHEY FL	34 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	TD <input type="checkbox"/> DELETE	41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWDEN, JUDITH	42 NAME	ROBERT NELSON
STREET ADDRESS	9833 MIDDLECOFF DRIVE	43 STREET ADDRESS	9905 STEPHENSON DR
CITY-ST-ZIP	NEW PORT RICHEY FL	44 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STARINSKY, D. C	52 NAME	ARTHUR BARNETT
STREET ADDRESS	9920 LOPEZ DRIVE	53 STREET ADDRESS	9841 ZAHARIAS CT
CITY-ST-ZIP	NEW PORT RICHEY FL	54 CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	D FRED HARROP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOOTH, ROBERT	62 NAME	3865 PLAYER DR.
STREET ADDRESS	9927 LOPEZ DRIVE	63 STREET ADDRESS	NEW PORT RICHEY, FL 34655
CITY-ST-ZIP	NEW PORT RICHEY FL	64 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: *Judith A. Bowden, Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUDITH A. BOWDEN, TREASURER

Date _____ Daytime Phone # _____

CR2E037 (12/95)