

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
3331 PLAYER DRIVE 3331 PLAYER DRIVE
NEW PORT RICHEY FL 34855 NEW PORT RICHEY FL 34655-2123

3. Date Incorporated or Qualified 06/09/1983 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-2318151 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
PEYTON, DONALD R.
7317 LITTLE ROAD
NEW PORT RICHEY FL 34654

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 *Carl Wang* PRESIDENT
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	DVP <input checked="" type="checkbox"/> DELETE
NAME	OUBRE, D B
STREET ADDRESS	3904 WATSON DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	RICHARD BAKER
STREET ADDRESS	3810 PLAYER DR
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SAMUEL LEDWITCH
STREET ADDRESS	3732 SARAZEN DR
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ROBERT NELSON
STREET ADDRESS	9905 STEPHENSON DR
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ARTHUR BARNETT
STREET ADDRESS	9841 ZAHARIAS CT
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BOOTH, ROBERT
STREET ADDRESS	9927 LOPEZ DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D PRES <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARROP, FRED
1.3 STREET ADDRESS	3865 PLAYER DR
1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655
2.1 TITLE	D SEC <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MYERS STEVE
2.3 STREET ADDRESS	9908 LOPEZ DR
2.4 CITY-ST-ZIP	NEW PORT RICHEY FL
3.1 TITLE	D TRS <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CORRIGAN DOROTHY
3.3 STREET ADDRESS	3285 RANKIN DR
3.4 CITY-ST-ZIP	NEW PORT RICHEY FL
4.1 TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PARAZINZ WILLIAM
4.3 STREET ADDRESS	3895 SARAZEN DR
4.4 CITY-ST-ZIP	NEW PORT RICHEY FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)