


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90123 023 ****61.25

0071494

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 768823

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
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/09/1983	4. FEI Number 59-2318151 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---	--	--	---

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLBACK, DANIEL	1.2 NAME	WILLIAM PARACHINI
STREET ADDRESS	3509 SARAZEN DR.	1.3 STREET ADDRESS	3535 SARAZEN DR.
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, STEVE	2.2 NAME	JIM COLVIN
STREET ADDRESS	9908 LOPEZ DR.	2.3 STREET ADDRESS	3540 HOGAN DR.
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUEL LEDWITCH	3.2 NAME	NICK ANGEL
STREET ADDRESS	3732 SARAZEN DR	3.3 STREET ADDRESS	3340 BAUGH DR.
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORRIGAN, DOROTHY	4.2 NAME	DEBORAH MEYER
STREET ADDRESS	3235 RANKIN DR.	4.3 STREET ADDRESS	9830 MIDDLECOFF DR.
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR BARNETT	5.2 NAME	
STREET ADDRESS	9841 ZAHARIAS CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARACHINE, WILLIAM	6.2 NAME	
STREET ADDRESS	3335 SARAZEN DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	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 _____ DATE 4/2/99 DAYTIME PHONE # 727-372-1189

CR2E037 (1/1/98)