FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23074 (0)

1. Corporate Name

THE FAIRWAYS NEIGHBORHOOD ASSOCIATION, INC.

Principal Office Address

2180 W. SR 434
STE. 5000
LONGWOOD FL 32779
US

Mailing Address

2180 W SR 434
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1987

3a. Date of Last Report: 03/23/1994

4. FEI Number: 59-2882640 — Applied For / Not Applicable

2. Principal Office — 21

2a. Mailing Address — 26

Suite, Apt. # or Bldg. — 22

Suite, Apt. # or Bldg. — 27

City & State — 23

City & State — 28

24 — 25 — 29 — 30

5. Corporate State Agency — $8.75 Additional Fee Required

6. Historical Organization — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)3 Tax Exempt Status — $68.75 Supplemental Fee Not Required

8. The corporation is ready for inactive list under s. 607.1406, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W SR 434, STE. 5000
LONGWOOD FL 32779

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. Principal Purpose of Association (Not-for-profit Corporations Only) Describe the nature of the activity you expect to conduct in Florida. Also describe the activity you expect to conduct at the principal office listed in Florida.

(PLEASE TYPE)

12. Officer/Director Name(s) & Address(es)	13. Add, Change, or Delete Officer/Director Name(s) & Address(es)
PD MONTALVO, MIGUEL 14151 SNEAD CIR ORLANDO FL	[ ] Change [ ] Add/Del
VD JONES, GEORGE A 3178 ZAHARIAS DR ORLANDO FL	VD KENT CARD 3145 ZAHARIAS DRIVE ORLANDO, FL 32837 [X] Change [ ] Add/Del
SDT CARD, KENT 3145 ZAHARIAS DR. ORLANDO FL	STD FRED RANKIN 14144 SNEAD CIRCLE ORLANDO, FL 32837 [X] Change [ ] Add/Del
	[ ] Change [ ] Add/Del
	[ ] Change [ ] Add/Del
	[ ] Change [ ] Add/Del

14. I declare, that the information supplied with this report is complete, accurate and true, and that the corporation desires to continue to be authorized to transact business in Florida. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes. I understand the requirement to file, within 90 days before the first day of the month in which this report is due, any changes to the information which is required to be reported, including any changes to the registered agent, registered office, or officers and directors. I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added above.

SIGNATURE: M. Montalvo 3-14-95 (407) 855-6241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0003400