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APPROVED AND FILED



95 APR - 2 PM 2:07

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N26483 (0)**  
1. Corporation Name  
**FAIRWAY ESTATES HOMEOWNERS ASSOCIATION INC.**

200001448632  
-04/06/95--01011--006  
\*\*\*\*138.75 \*\*\*\*138.75

Principal Place of Business Mailing Address  
**P. O. BOX 570013 MIAMI FL 33257-0013 US** **15850 S.W. 105TH AVE. MIAMI FL 33157 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/18/1988** 3a. Date of Last Report **02/28/1994**  
4. FEI Number **59-2906579** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**HOLLEY, ROBERT  
15850 S.W. 105TH AVE.  
MIAMI FL 33157**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>YOUNG, GLORIA</b>
NAME	<b>15803 SW 107 COURT MIAMI FL</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>HOLLEY, ROBERT</b>
NAME	<b>15850 S.W. 105TH AVE. MIAMI FL</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GANNON, MARTHA</b>	
1.3 STREET ADDRESS	<b>9975 SW 166TH STREET MIAMI, FL 33157</b>	
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>OHLFEST, LONNY</b>	
3.3 STREET ADDRESS	<b>15801 SW 99TH AVENUE MIAMI, FL 33157</b>	
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>BORGER, WILLIAM</b>	
4.3 STREET ADDRESS	<b>10511 SW 164TH STREET MIAMI, FL 33157</b>	
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>HILDEBRANDT, NORENE</b>	
5.3 STREET ADDRESS	<b>9970 SW 160TH STREET MIAMI, FL 33157</b>	
5.4 CITY - ST - ZIP		
6.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>ROBERTS, BARBARA</b>	
6.3 STREET ADDRESS	<b>16132 SW 103RD COURT MIAMI, FL 33157</b>	
6.4 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 110.07(3)(b), 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, as indicated, or on an attachment with an address.

SIGNATURE: *Robert Holley* **3/22/95** **305-348-2937**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)