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Mar 04 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 # N26483 (0)
1. Corporation Name
FAIRWAY ESTATES HOMEOWNERS ASSOCIATION INC.



Principal Place of Business Mailing Address
P. O. BOX 570013 MIAMI FL 33257-0013 US **15801 SW 99 AVE MIAMI FL 33157-1718 US**

3. Date Incorporated or Qualified **05/18/1988** 3a. Date of Last Report **04/19/1996**
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**
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 **9975 S.W. 166 ST.**
22 City & State 27 **MIAMI**
23 Zip 28 **FL**
24 Country 25 29 **33157** 30 **DADE**

9. Name and Address of Current Registered Agent
**OHLFEST, LONNY1
15801 SW 99 AVE
MIAMI FL 33157**

10. Name and Address of New Registered Agent
81 Name **MARTHA GANNON**
82 Street Address (P.O. Box Number is Not Acceptable) **9975 S.W. 166 STREET**
83
84 City **MIAMI** 85 Zip Code **FL 33157**

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 **MARTHA GANNON - TREASURER** *Martha Gannon* **2/20/97**
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	T <input type="checkbox"/> DELETE
NAME	PHARMER, PAUL
STREET ADDRESS	10521 SW 161 TERR
CITY-ST-ZIP	MIAMI FL
TITLE	P <input type="checkbox"/> DELETE
NAME	HOLLEY, ROBERT
STREET ADDRESS	15850 S.W. 105TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAHN, JOAN
STREET ADDRESS	16112 SW 103RD COURT
CITY-ST-ZIP	MIAMI FL 33157
TITLE	D <input type="checkbox"/> DELETE
NAME	ALLEN, NANCY
STREET ADDRESS	9960 SW 160TH STREET
CITY-ST-ZIP	MIAMI FL 33157
TITLE	D <input type="checkbox"/> DELETE
NAME	COLLINS, FAY
STREET ADDRESS	16420 SW 100TH COURT
CITY-ST-ZIP	MIAMI FL 33157
TITLE	D <input type="checkbox"/> DELETE
NAME	FLYNN, RICHARD
STREET ADDRESS	10301 FAIRWAY HTS. BLVD
CITY-ST-ZIP	MIAMI FL 33157

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PHARMER, PAUL
1.3 STREET ADDRESS	10521 SW 161 TERR
1.4 CITY-ST-ZIP	MIAMI, FL.
2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOLLY, ROBERT
2.3 STREET ADDRESS	15850 SW 105 AVE.
2.4 CITY-ST-ZIP	MIAMI, FL.
3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CAROL VILBERG
3.3 STREET ADDRESS	16620 SW 102 AVE.
3.4 CITY-ST-ZIP	MIAMI, FL.
4.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARY ANN WAGNER
4.3 STREET ADDRESS	16233 SW 108 COURT
4.4 CITY-ST-ZIP	MIAMI, FL.
5.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHN TORMEY
5.3 STREET ADDRESS	16220 SW 109 AVE.
5.4 CITY-ST-ZIP	MIAMI, FL.
6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LLOYD STARK
6.3 STREET ADDRESS	15801 SW 97 COURT
6.4 CITY-ST-ZIP	MIAMI, FL.

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.

SIGNATURE: *Martha Gannon* **MARTHA GANNON** **2/7/97** **251-7992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031289

CR2E037 (9/96)