


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 17, 1999 8:00 am**  
**Secretary of State**

02-17-1999 90081 034 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26483**

1. Corporation Name

**FAIRWAY ESTATES HOMEOWNERS ASSOCIATION INC.**

Principal Place of Business

P. O. BOX 570013  
 MIAMI FL 33257-0013  
 US

Mailing Address

9975 SW 166 ST  
 MIAMI FL 33157  
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/18/1988</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2906579</b>
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent  <b>GANNON, MARTHA</b> <b>9975 SW 166 ST.</b> <b>MIAMI FL 33157</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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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 of 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHARMER, PAUL	1.2 NAME	MARTHA GANNON
STREET ADDRESS	10521 SW 161 TERR	1.3 STREET ADDRESS	9975 SW 166 STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLEY, ROBERT	2.2 NAME	
STREET ADDRESS	15850 S.W. 105TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, JOAN	3.2 NAME	
STREET ADDRESS	16112 SW 103RD COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, NANCY	4.2 NAME	
STREET ADDRESS	9960 SW 160TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, FAY	5.2 NAME	
STREET ADDRESS	16420 SW 100TH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLYNN, RICHARD	6.2 NAME	
STREET ADDRESS	10301 FAIRWAY HTS. BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	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: Marttha Gannon SIGNATURE REQUIRED: MARTHA GANNON TREASURER 1/20/99 (305) 251-7992  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)