


8-4-97 B-8096 C  
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29047** (0)

1. Corporation Name

**FAIRWAY CLUB HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>3698 N.W. 83 LANE SUNRISE FL 33351</b>	Mailing Address <b>3698 NW 83 LANE 10001 W. OAKLAND PARK BLVD SUNRISE FL 33351 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <b>3698 NW 83 LANE</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b> <b>SUNRISE FL</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
<b>29</b> <b>33351</b>	<b>30</b> <b>BROWARD</b>

3. Date Incorporated or Qualified <b>10/28/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0088653</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ADVANCED ACCOUNTING PLUS 5440 N ST RD SEVEN SUITE 214 FT LAUDERDALE FL 33319</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_  
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	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILLOCK, KATHY</b>	1.2 NAME	
STREET ADDRESS	<b>3694 NW 83 LN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>3658 NW 83 LN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOOMEY, DEBBIE</b>	3.2 NAME	
STREET ADDRESS	<b>3632 NW 83RD LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAMORE, TONY</b>	4.2 NAME	
STREET ADDRESS	<b>3649 NW 83 LN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMORE, HONEY</b>	5.2 NAME	
STREET ADDRESS	<b>3600 NW 83 LN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \_\_\_\_\_  
SIGNATURE REQUIRED **3/15/97** **7/18/97**

CR2E037 (4/97)