

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAR 15 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40396 (6)
1. Corporation Name
FAIRWAY PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**1231 GOLFVIEW WOODS DRIVE
RUSKIN FL 33573** **1231 GOLFVIEW WOODS DRIVE
RUSKIN FL 33573**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/18/1990** 3a. Date of Last Report **03/15/1994**
4. FBI Number **31-1315114** 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 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**GEORGE, JOHN M.
706 EAGLE LANE
APOLLO BEACH FL 33572**

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	APD	1.1 TITLE	☐ Change ☐ Addition
NAME	FANKHAUSER, PHILLIP G.	1.2 NAME	
STREET ADDRESS	5387 LOCH LEVEN COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	1.4 CITY-ST-ZIP	
TITLE	AVTD	2.1 TITLE	☐ Change ☐ Addition
NAME	BACOME, EDWARD A	2.2 NAME	
STREET ADDRESS	5400 MUIRFIELD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	2.4 CITY-ST-ZIP	
TITLE	ASD	3.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE, JOHN M.	3.2 NAME	
STREET ADDRESS	706 EAGLE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: *George John M. George*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/95
Date Daytime Home #