## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

N40396 DOCUMENT #

1. Corporation Name

(6)

Mailing Address

FAIRWAY PALMS CONDOMINIUM ASSOCIATION, INC.

1231 GOLFVIEW WOODS DRIVE RUSKIN FL 33573		1231 GOLFVIEW WOODS RUSKIN FL 33573	1231 GOLFVIEW WOODS DRIVE RUSKIN FL 33573					
					3. Date Incorporated or Qualified 10/18/1990	3a. Date of Las 03/15/		
2. Principal Place of Business 21. c/o Unique Property Services c/o Unique Proper				v Servic	4. FEI Number e 31-1315114		Applied For	
Suite, Apt. #, etc.					01 1313114		Not Apolicable	
22 1411 N. Westshore Blvd.#31027Suite 310					5. Certificate of Status Desired		'5 Additional Bequired	
City & State City & State					6. Election Campaign Financing \$5.00 May Be			
<b>23</b>   <u>Tampa</u> Zip	FL 33607 28 Tampa, FL 33607				1rust Fund Contribution	Added to Fees		
24 336	<b>├</b> ──┐ ′	Zip 29 33607	Countr	У	This corporation has liability for it     Florida Statutes	or intangible tax under s. 199.032, Yes □ No		
24 330	9. Name and Address of Curre		30 USA	~	10. Name and Address of New Re			
			8-	Name		<u> </u>		
GEORGE, JOHN M.				Uniq	Unique Property Services Inc.			
706 EAGLE LANE			82	Street 120191	reet Addison (P.O. Box Number is Not Acceptable) 1411 N. Westshore Blvd. stite 310			
APOLLO BEACH FL 33572								
			84	City Tamp	•a.	FL 85 3	3607	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	, the above	named cornorati	ion submits this statement for the pure	vose of changing its	registered office	
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, by 50 of critical and of objected agent and the diagnosciable (NOTE Regulated Agent segment reprind a critical value of agent and the diagnosciable)  [NOTE Regulated Agent segment and the diagnosciable (NOTE Regulated Agent segment agent and constitution)								
Signature: typ of a printy analy of systemed agent and the if applicable (NOTE: Registered Agent signature re-pired v					confension 340000	DATE	/	
12.		D DIRECTOR?	13.		ADDITIONS/CHANGES TO OFFI	• • • • • • • • • • • • • • • • • • • •		
TITLE	APD SANKUALISED DUILLID O	1'JUELETE	1.1 TITLE			Change	Addition	
NAME	FANKHAUSER, PHILLIP G.		1.2 NAME					
STREET ADDRESS	5387 LOCH LEVEN COURT		1.3 \$TREE	I ADDRESS				
CITY-ST-ZIP	DUBLIN OH		1.4 CITY-	ST-ZIP				
TITLE	AVTD	DELETE	2 1 TITLE			☐ Change	☐ Addition	
NAME	BACOME, EDWARD A		2 2 NAME					
STREET ADDRESS	5400 MUIRFIELD CT Dublin oh			1 ADDRESS				
CITY-ST-ZIP TITLE	ASD	<b>KX</b> DELETE	2 4 CITY		retary/Director		<del>(M)</del> Nacco	
	GEORGE, JOHN M.	Wiereig	3 1 TITLE		<u> </u>	Change	X Addition	
NAME CARLEL ADDRESS	706 EAGLE LANE		3.2 NAME		ober			
STREET ADDRESS	APOLLO BEACH FL				Golfvedw Woods Dr			
CITY-ST-ZIP TITLE	AI OLEO BLACITTE	DELETE	3.4. C-TY - 4.1 TITLE	SI-ZP KUSK	in, FL 33573	Change	Addition	
						change	L_J Addition	
NAME STREET ADDRESS			4. 2 NAME	T ADDRESS				
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NAME		LJocce	5 2 NAME			<u> Понапу</u> е	[ ] Working	
STREET ADDRESS				LADDOCCO				
				I ADDRESS				
CITY-ST-ZIP TITLE		TOELETE	5 4 CITY - 6 1 TITLE	51 - ZIP		☐ Change	Addition	
NAME						L_1 change	☐ A00III0II	
NAME			6.2 NAME					

6.3 STREET ADDRESS 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 119 07(3)(k). 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 13 if changed, or on an attachment with an address.

STREET ADDRESS

ped or printed NAME OF SIGNING OFFICER ORDINACTOR . Julier 3/15/46 256 Toylor Prove 1