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May 01 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 # N40396 (6)

1. Corporation Name

FAIRWAY PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O UNIQUE PROPERTY SERVICE 1411 N. WESTSHORE BLVD #310 TAMPA FL 33607 US	C/O UNIQUE PROPERTY SERVICE 1411 N. WESTHORE BLVD #310 TAMPA FL 33607-4537 US

3. Date Incorporated or Qualified: 10/18/1990
3a. Date of Last Report: 03/27/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29; Country — 25 / 30

4. FEI 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UNIQUE PROPERTY SERVICES INC
1411 N. WESTSHORE BLVD
SUITE 310
TAMPA FL 33607

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	APD	☐ DELETE	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	☐ DELETE	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	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TOBER, ED		3.2 NAME		
STREET ADDRESS	1221 GOLFVIEW WOODS		3.3 STREET ADDRESS		
CITY-ST-ZIP	RUSKIN FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	200002165502	
STREET ADDRESS			6.3 STREET ADDRESS	-05/05/97--01024--067	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

CR2E037 (9/96)

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 an attachment with an address.

SIGNATURE _____ DATE 3/13/97