

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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<br>1411 N. WESTSHORE BLVD #310<br>TAMPA FL 33607<br>US | C/O UNIQUE PROPERTY SERVICE<br>1411 N. WESTSHORE BLVD #310<br>TAMPA FL 33607<br>US |

|                                   |                |
|-----------------------------------|----------------|
| 3. Date Incorporated or Qualified | 10/18/1990     |
| 4. FEI Number                     | 31-1315114     |
| Applied For                       | Not Applicable |

|                                  |                                  |
|----------------------------------|----------------------------------|
| 2. Principal Place of Business   | 2a. Mailing Address              |
| 21. <i>115 S. DANE HARRY HWY</i> | 26. <i>115 S. DANE HARRY HWY</i> |
| 22. <i>300</i>                   | 27. <i>300</i>                   |
| 23. <i>Tampa, FL.</i>            | 28. <i>Tampa, FL.</i>            |
| 24. <i>33609</i>                 | 29. <i>33609</i>                 |
| 25. <i>USA</i>                   | 30. <i>USA.</i>                  |

|                                                                                                     |                                                                           |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 5. Certificate of Status Desired                                                                    | <input checked="" 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>               |
| 7. Is this nonprofit corporation a homeowners association?                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                  |
| 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                                       |  |
| UNIQUE PROPERTY SERVICES INC<br>1411 N. WESTSHORE BLVD<br>SUITE 310<br>TAMPA FL 33607 |  |

|                                                        |                                        |
|--------------------------------------------------------|----------------------------------------|
| 10. Name and Address of New Registered Agent           |                                        |
| 81. Name                                               |                                        |
| 82. Street Address (P.O. Box Number is Not Acceptable) | <i>115 S. DANE HARRY HWY SUITE 300</i> |
| 83.                                                    |                                        |
| 84. City                                               | <i>Tampa</i>                           |
| 85. State                                              | <i>FL</i>                              |
| 86. Zip Code                                           | <i>33609</i>                           |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | APD                    | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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                     | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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                      |                        | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                        | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                        | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                        | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                        | 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 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 \_\_\_\_\_

CP2E037 (10/97)