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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40396

1. Corporation Name
FAIRWAY PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
115 S. DALE MABRY HWY SUITE 300 TAMPA FL 33607 US	115 S. DALE MABRY HWY SUITE 300 TAMPA FL 33609 US

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 10/18/1990

4. FEI Number: 31-1315114 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

UNIQUE PROPERTY SERVICES INC
115 S. DALE MABRY HWY,
SUITE 300
TAMPA FL 33609

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	PD	☐ Change ☒ Addition
NAME	FANKHAUSER, PHILLIP G.		1.2 NAME	Roger Zuniga	
STREET ADDRESS	5387 LOCH LEVEN COURT		1.3 STREET ADDRESS	1111 Golfview Woods Dr.	
CITY-ST-ZIP	DUBLIN OH		1.4 CITY-ST-ZIP	Ruskin, FL 33573	
TITLE	AVTD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	BACOME, EDWARD A		2.2 NAME	Dean Savage	
STREET ADDRESS	5400 MUIRFIELD CT		2.3 STREET ADDRESS	1126 Golfview Woods Dr.	
CITY-ST-ZIP	DUBLIN OH		2.4 CITY-ST-ZIP	Ruskin, FL 33573	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	TOBER, ED		3.2 NAME	Mona Lubanski	
STREET ADDRESS	1221 GOLFVIEW WOODS		3.3 STREET ADDRESS	1113 Golfview Woods Dr.	
CITY-ST-ZIP	RUSKIN FL		3.4 CITY-ST-ZIP	Ruskin, FL 33573	
TITLE		☐ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME			4.2 NAME	Jim Berg	
STREET ADDRESS			4.3 STREET ADDRESS	1118 Golfview Woods Dr.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Ruskin, FL 33573	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Teresa Montgomery	
STREET ADDRESS			5.3 STREET ADDRESS	911 Golfview Woods Dr.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ruskin, FL 33573	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Roger Zuniga 4/15/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #