

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41184 (5)

1. Corporation Name

**FAIRWAY COVE OF WELLINGTON HOMEOWNERS ASSOCIATIO
N, INC.**

Principal Place of Business

Mailing Address

**4033 KENT AVE.
LAKE WORTH FL 33461
US**

**P. O. BOX 6140
LAKE WORTH FL 33466
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1990

3a. Date of Last Report

04/08/1994

4. FEI Number

59-3042990

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 authority for signature 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

Country

28 Zip

Country

24

Country

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERRY, ROBERT S
4033 KENT AVE.
LAKE WORTH FL 33461**

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

Signature must be printed name of registered agent and the corporation

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	LIONE, HENRY
STREET ADDRESS	2682 FAIRWAY COVE CT.
CITY, ST, ZIP	WEST PALM BCH. FL
TITLE	DVP
NAME	KNIGHT, THOMAS
STREET ADDRESS	2722 LINKSIDE DR.
CITY, ST, ZIP	WEST PALM BEACH FL
TITLE	VP
NAME	RILEY, FRANK
STREET ADDRESS	2617 FAIRWAY COVE CT.
CITY, ST, ZIP	WEST PALM BCH. FL
TITLE	DS
NAME	LOPEZ-BELIO, MARISOL
STREET ADDRESS	2714 LINKSIDE DR.
CITY, ST, ZIP	W. PALM BCH. FL
TITLE	DT
NAME	SUAREZ, JORGE
STREET ADDRESS	2714 GREENSHORE PLACE
CITY, ST, ZIP	WEST PALM BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE SUAREZ

4/28/95 (167) 965-1097