

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N41184 (5)**  
1. Corporation Name  
**FAIRWAY COVE OF WELLINGTON HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**4033 KENT AVE.  
LAKE WORTH FL 33461  
US**

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

3. Date Incorporated or Qualified **12/06/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

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**

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

9. Name and Address of Current Registered Agent  
**PERRY, ROBERT S  
4033 KENT AVE.  
LAKE WORTH FL 33461**

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 agent 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUAREZ, JORGE	
1.3 STREET ADDRESS	2714 Greenshore Place	
1.4 CITY-ST-ZIP	Wellington, FL 33414	
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LAUCIRICA, JUAN	
2.3 STREET ADDRESS	2713 Fairway Cove Court	
2.4 CITY-ST-ZIP	Wellington, FL 33414	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LAUTA, WENDY	
3.3 STREET ADDRESS	2681 Fairway Cove Court	
3.4 CITY-ST-ZIP	Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	
4.2 NAME	GAYES, JOHN	
4.3 STREET ADDRESS	13310 Greenshore Place	
4.4 CITY-ST-ZIP	Wellington, FL 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date **4/22/96** Daytime Phone # **407-689-8711**

CR2E037 (12/95)