

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33466-6140 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1990	3a. Date of Last Report 04/29/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3042990		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	25 Country	29 Country		30 Country	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

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 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUAREZ, JORGE	1.2 NAME	GAYES, John M
STREET ADDRESS	2714 GREENSHORE PLACE	1.3 STREET ADDRESS	13310 Greenshore Place
CITY-ST-ZIP	WELLINGTON FL	1.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUCIRICA, JUAN	2.2 NAME	RIDDLE, G. Scott
STREET ADDRESS	2713 FAIRWAY COVE COURT	2.3 STREET ADDRESS	2705 Fairway Cove Court
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RILEY, FRANK	3.2 NAME	GARCIA, Dora G
STREET ADDRESS	2617 FAIRWAY COVE CT.	3.3 STREET ADDRESS	2707 Linkside Drive
CITY-ST-ZIP	WEST PALM BCH. FL	3.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYES, JOHN	4.2 NAME	
STREET ADDRESS	13310 GREENSHORE PALCE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	4.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, JORGE	5.2 NAME	
STREET ADDRESS	2714 GREENSHORE PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL	5.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUTA, WENDY	6.2 NAME	
STREET ADDRESS	2681 FAIRWAY COVE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: **SUAREZ, JORGE** 4/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone # 0043967

CR2E037 (9/96)