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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N41833** **(7)**

1. Corporation Name

16TH FAIRWAY VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8600 FIRESTONE CIRCLE CLERMONT FL 34711 US	8600 FIRESTONE CIRCLE CLERMONT FL 34711 US

3. Date Incorporated or Qualified: 01/22/1991

4. FEI Number: 59-3061756 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 8624 FIRESTONE CIR.	26 8624 FIRESTONE CIR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 CLERMONT, FL.	28 CLERMONT, FL.
24 Zip 34711 25 Country US	29 Zip 34711 30 Country US

9. Name and Address of Current Registered Agent

HOVIS, GEORGE E.
11201 HARDER RD.
CLERMONT FL 34711

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: BARBARA HARMON DST — DATE: 4/5/98
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	DP	☐ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	ORR, JAMES V.		1.2 NAME	NORVAL BROWN.	
STREET ADDRESS	8600 FIRESTONE CIRCLE		1.3 STREET ADDRESS	8616 FIRESTONE CIR.	
CITY-ST-ZIP	CLERMONT FL		1.4 CITY-ST-ZIP	CLERMONT, FL.	
TITLE	DST	☒ DELETE	2.1 TITLE	DST	☐ Change ☒ Addition
NAME	ORR, PATRICIA H.		2.2 NAME	BARBARA HARMON.	
STREET ADDRESS	8600 FIRESTONE CIRCLE		2.3 STREET ADDRESS	8624 FIRESTONE CIR.	
CITY-ST-ZIP	CLERMONT FL		2.4 CITY-ST-ZIP	CLERMONT, FL.	
TITLE	D	☐ DELETE	3.1 TITLE	D.	☒ Change ☐ Addition
NAME	YEMINGTON, JANE R		3.2 NAME	JAMES V. ORR	
STREET ADDRESS	8640 FIRESTONE CIRCLE		3.3 STREET ADDRESS	8600 FIRESTONE CIR.	
CITY-ST-ZIP	CLERMONT FL		3.4 CITY-ST-ZIP	CLERMONT, FL.	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOVIS, GEORGE E.		4.2 NAME		
STREET ADDRESS	481 E. HIGHWAY 50		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 (10/97)

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: Barbara Harmon BARBARA HARMON 4/5 1998 352-394-2348