

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N41833

1. Entity Name
**16TH FAIRWAY VILLAS HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**8540 FIRESTONE CIRCLE
CLERMONT, FL 34711 US**

Mailing Address
**8540 FIRESTONE CIRCLE
CLERMONT, FL 34711 US**



01042005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3061756

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ORR, JAMES V.
8600 FIRESTONE CIRCLE
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BROWN, NORVAL
8816 FIRESTONE CIRCLE
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
YEMINGTON, JANE R
8640 FIRESTONE CIRCLE
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
TAYLOR, BETTY S
8540 FIRESTONE CIRCLE
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
TAYLOR, FRED D
8540 FIRESTONE CIRCLE
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000174730
01/10/05-80022-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred D Taylor* **FRED D TAYLOR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 394-3718

Date

Daytime Phone #