

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 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**



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3061756	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

000000379524
01/10/06-80025-012 61.25

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE	D
NAME	BROWN, NORVAL
STREET ADDRESS	8616 FIRESTONE CIRCLE
CITY-ST-ZIP	CLERMONT, FL 34711

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1-4-06 (352) 394-3718

Date

Daytime Phone #