

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 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



01052008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3061756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000782014  
01/15/08-80057-023 61.25

**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

1-07-08

Date

352 394-3718

Daytime Phone #