

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004455 (2)**  
1. Corporation Name

**FAIRWAY SOCIAL ORGANIZATION, INC.**

Principal Place of Business <b>1100 S BELCHER RD LARGO FL 34641</b>	Mailing Address <b>1100 S BELCHER RD LARGO FL 34641</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified

**09/29/1993**

4. FEI Number

**59-2028861**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORSER, JEANNE T.  
1100 S BELCHER RD  
#201  
LARGO FL 33771**

81 Name

**Same**

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

**JEANNE T. CORSER**

**April 24, 1998**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MARSH, ROXANA</b>	
STREET ADDRESS	<b>1100 S. BELCHER RD., #548</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>MAUDSLEY, PHYLLIS</b>	
STREET ADDRESS	<b>110 S. BELCHER RD., #216</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, KAREN</b>	
STREET ADDRESS	<b>1100 S. BELCHER RD., #739</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CORSER, JEANNE T.</b>	
STREET ADDRESS	<b>1100 S. BELCHER RD., #201</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOISELLE, JOHN</b>	
STREET ADDRESS	<b>1100 S. BELCHER RD., #318</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GABRIELLI, DAVID</b>	
STREET ADDRESS	<b>1100 S. BELCHER RD., #550</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	

1.1 TITLE	<b>1st VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Lee Neal</b>	
1.3 STREET ADDRESS	<b>1100 S. Belcher Rd. #35</b>	
1.4 CITY-ST-ZIP	<b>1100 S. Belcher Rd. #35</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Bob Kimura</b>	
2.3 STREET ADDRESS	<b>1100 S. Belcher Rd. #157</b>	
2.4 CITY-ST-ZIP	<b>1100 S. Belcher Rd. #157</b>	
3.1 TITLE	<b>Mike Bowles</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>1100 S. Belcher Rd. #218</b>	
3.3 STREET ADDRESS	<b>1100 S. Belcher Rd. #218</b>	
3.4 CITY-ST-ZIP	<b>1100 S. Belcher Rd. #218</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Don Vosen</b>	
4.3 STREET ADDRESS	<b>1100 S. Belcher Rd. #421</b>	
4.4 CITY-ST-ZIP	<b>1100 S. Belcher Rd. #421</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Roberta Carlson</b>	
5.3 STREET ADDRESS	<b>1100 S. Belcher Rd. #692</b>	
5.4 CITY-ST-ZIP	<b>1100 S. Belcher Rd. #692</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Arnold Bardill</b>	
6.3 STREET ADDRESS	<b>1100 S. Belcher Rd. #513</b>	
6.4 CITY-ST-ZIP	<b>1100 S. Belcher Rd. #513</b>	

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:

**JEANNE T. CORSER 4/24/98 813-531-8992**

CP2E037 (10/97)