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May 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004455

1. Corporation Name

FAIRWAY SOCIAL ORGANIZATION, INC.

Principal Place of Business

1100 S BELCHER RD
LARGO FL 34641

Mailing Address

1100 S BELCHER RD
LARGO FL 34641



2. Principal Place of Business 21 Same as above Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Same as above Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 09/29/1993 4. FEI Number 59-2028861 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution
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9. Name and Address of Current Registered Agent

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

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

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	VP <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEAL, LEE	1.2 NAME	Roxana Marsh
STREET ADDRESS	1100 S BELCHER RD STE 35	1.3 STREET ADDRESS	1100 S. Belcher Rd. Unit 548
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMURA, BOB	2.2 NAME	Janet Smith
STREET ADDRESS	1100 S BELCHER RD STE 157	2.3 STREET ADDRESS	1100 S. Belcher Rd. Unit 537
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	S D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWLES, MIKE	3.2 NAME	Edward Walls
STREET ADDRESS	1100 S BELCHER RD STE 218	3.3 STREET ADDRESS	1100 S. Belcher Rd. Unit 92
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOSEN, DON	4.2 NAME	Irene Burns
STREET ADDRESS	1100 S BELCHER RD STE 421	4.3 STREET ADDRESS	1100 S. Belcher Rd. Unit 363
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, ROBERTA	5.2 NAME	Christina Adkins
STREET ADDRESS	1100 S BELCHER RD STE 692	5.3 STREET ADDRESS	1100 S. Belcher Rd. Unit 288
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARDILL, ARNOLD	6.2 NAME	Leo Fortier
STREET ADDRESS	1100 S BELCHER RD STE 513	6.3 STREET ADDRESS	1100 S. Belcher Rd. Unit 745A
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeannie T. Corsen **JEANNE T. CORSER** 4/27/99 727-531-8992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)