

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Narcida B. Abraham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

5/1/95 - 1 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005003 (9)

1. Corporation Name

THE FAIRWAYS OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
111 W BEACH DR PANAMA CITY FL 32401		111 W BEACH DR PANAMA CITY FL 32401	

3. Date Incorporated or Qualified 11/05/1993	3a. Date of Last Report 05/01/1994
4. FEI Number # 59-3238518 - APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
23. Country	28. Country
24. Country	25. Country
29. Country	30. Country

9. Name and Address of Current Registered Agent

WOOD, FERRELL  
111 W BEACH RD  
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
FL B5. Zip Code

11. Pursuant to the provisions of Sections 607.0905 and 607.1509, 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 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL MANAGERS, MANAGERS, AND OFFICERS	
OFFICER	DP NAME: WOOD, FERRELL STREET ADDRESS: 111 W BEACH DR CITY & STATE: PANAMA CITY FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DV NAME: MYERS, CLIFFORD C STREET ADDRESS: 111 W BEACH DR CITY & STATE: PANAMA CITY FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DST NAME: BLUE, KAYE L STREET ADDRESS: 1102 E 3RD CT CITY & STATE: PANAMA CITY FL 32401	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare by this filing that the information supplied with this filing is voluntarily furnished and claims that qualify for the exemption stated in Sections 190.032, Florida Statutes. I further certify that the information included 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 transferee thereof as required by Chapter 612, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or is an alternate with an address.

SIGNATURE: *Clifford C. Myers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (904) 769-8980