

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001081 (8)

1. Corporation Name

FAIRWAY ESTATES COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**499 PATRICIA AVE
SUITE C
DUNEDIN FL 34698**

**499 PATRICIA AVE
SUITE C
DUNEDIN FL 34698**

3. Date Incorporated or Qualified
02/28/1994

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3289429

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARRETT, TED A
499 PATRICIA AVE
SUITE C
DUNEDIN FL 34698**

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	D	<input type="checkbox"/> DELETE
NAME	BARRETT, TED A.	
STREET ADDRESS	1188 BURKE AVE.	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RILEY, KAY	
STREET ADDRESS	2300 WATROUS DR.	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMANN, MARION	
STREET ADDRESS	1255 NELSON ST.	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, JUDY	
STREET ADDRESS	1101 FORD LANE	
CITY - ST - ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHEPHERD, DIANE	
1.3 STREET ADDRESS	2352 MANGRUM DR.	
1.4 CITY - ST - ZIP	DUNEDIN FL 34698	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SILVES, JOAN	
2.3 STREET ADDRESS	2335 MIDDLECOFF DR.	
2.4 CITY - ST - ZIP	DUNEDIN FL 34698	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARRETT, TED A.	
3.3 STREET ADDRESS	1188 BURKE AVE.	
3.4 CITY - ST - ZIP	DUNEDIN FL 34698	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BAUER, PAT	
4.3 STREET ADDRESS	1170 NELSON ST.	
4.4 CITY - ST - ZIP	DUNEDIN FL 34698	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ted A. Barrett* **TED A. BARRETT** **2/20/96** **(813) 733-5012**
Date Daytime Phone #

CR2E037 (12/95)