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FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001081 (8)
1. Corporation Name
FAIRWAY ESTATES COMMUNITY ASSOCIATION, INC.



Principal Place of Business 499 PATRICIA AVE SUITE C DUNEDIN FL 34698	Mailing Address 499 PATRICIA AVE SUITE C DUNEDIN FL 34698
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3. Date Incorporated or Qualified 02/28/1994	
4. FEI Number 59-3289429	Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JEFFREY-GENOUVES, ANN	
STREET ADDRESS	1471 HAGEN AVE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CATHERINE	
STREET ADDRESS	2387 DEMARET DRIVE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WERTZ, JIM	
STREET ADDRESS	2355 WATROUS	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANT, JOHN	
STREET ADDRESS	2389 MIDDLECOFF DR	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN YANCHORIS	
1.3 STREET ADDRESS	2233 DEMARET	
1.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN DANT	
2.3 STREET ADDRESS	2369 MIDDLECOFF	
2.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PEGGY EDDY	
3.3 STREET ADDRESS	1492 FAIRWAY DRIVE	
3.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CATHE BAIN	
4.3 STREET ADDRESS	2230 DEMARET	
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 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: Cathe Bain **CATHE BAIN** 4/16/98 8137330408

CR2E037 (10/97)