

FILE NOW: FILING FEE IS \$61.25

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90127 008 ****61.25

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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 # N95000000676

1. Corporation Name

THE FAIRWAYS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

135 PLANTATION DR
TITUSVILLE FL 32780
US

Mailing Address

135 PLANTATION DR
TITUSVILLE FL 32780
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 145 PLANTATION DRIVE		26 145 PLANTATION DRIVE		02/09/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3319663	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 TITUSVILLE, FL		28 TITUSVILLE, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 32780 25 BREVARD		29 32780 30 BREVARD			

9. Name and Address of Current Registered Agent

BEALS, ROBERT L
1800 W HIBISCUS BLVD
STE 138
MELBOURNE FL 32902-1870

10. Name and Address of New Registered Agent

81 Name	JOHN H. EVANS
82 Street Address (P.O. Box Number is Not Acceptable)	1702 S. WASHINGTON AVE.
83	
84 City	TITUSVILLE FL
85 Zip Code	32780

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

4/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTENTO, VIC	1.2 NAME	HOLDCROFT, GEROG
STREET ADDRESS	135 PLANTATION DR	1.3 STREET ADDRESS	145 PLANTATION DR.
CITY-ST-ZIP	TITUSVILLE FL 32780	1.4 CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNALLY, GERRY	2.2 NAME	
STREET ADDRESS	135 PLANTATION DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, BOB	3.2 NAME	
STREET ADDRESS	135 PLANTATION DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Walter A. McKeel, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)