


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000472 (7)
Corporation Name
FAIRWAY LAKES DRIVE ASSOCIATION, INC.



Principal Place of Business 3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065	Mailing Address 3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065
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3. Date Incorporated or Qualified 01/28/1997	Applied For Not Applicable
4. FEI Number 65-0762117	

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

5. Certificate of Status Desired <input checked="" 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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent TRANSEASTERN ABERDEEN PROPERTIES, INC. 3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BLACK, CHARLES	1.1 TITLE	
NAME	3300 UNIVERSITY DRIVE	1.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL 33065	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD EISNER, NEIL	2.1 TITLE	
NAME	3300 UNIVERSITY DRIVE	2.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL 33065	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSD YUTER, RONALD	3.1 TITLE	
NAME	3300 UNIVERSITY DRIVE	3.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL 33065	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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, sign on attachment with an address.

SIGNATURE: _____ DATE: APRIL 13, 1998 DAYTIME PHONE: 561-734-8411

CR2E037 (10/97)