


FILE NOW: FILING FEE IS \$61.25

FILED
May 18 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 # N97000006136 (2)
1. Corporation Name
FAIRWAY ISLES AT OLIVE TREE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 5904 TIMBER VALLEY DR. LAKE WORTH FL 33463	Mailing Address 5904 TIMBER VALLEY DR. LAKE WORTH FL 33463
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3. Date Incorporated or Qualified 10/28/1997		
4. FEI Number 65-0824170	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 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		

2. Principal Place of Business 21 2176 JOB ROAD	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 GREENACRES FL	City & State 28
Zip 24 33415	Country 25
	Country 30

9. Name and Address of Current Registered Agent HARRY, RAUCH 5904 TIMBER VALLEY DR. LAKE WORTH FL 33463		10. Name and Address of New Registered Agent 81 Name RAUCH, HARRY 82 Street Address (P.O. Box Number is Not Acceptable) 2176 JOB ROAD 83 84 City GREENACRES FL 85 Zip Code 33415	
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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 DP	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAUCH, HARRY		1.2 NAME RAUCH, HARRY	
STREET ADDRESS 5904 TIMBER VALLEY DR.		1.3 STREET ADDRESS 2176 JOB ROAD	
CITY-ST-ZIP LAKE WORTH FL 33463		1.4 CITY-ST-ZIP GREENACRES FL 33415	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEINBERG, LEONARD		2.2 NAME WEINBERG, LEONARD	
STREET ADDRESS 5904 TIMBER VALLEY DR.		2.3 STREET ADDRESS 2176 JOB ROAD	
CITY-ST-ZIP LAKE WORTH FL 33463		2.4 CITY-ST-ZIP GREENACRES FL 33415	
TITLE DST	<input type="checkbox"/> DELETE	3.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAUGHN, ROSEANNE		3.2 NAME VAUGHN ROSANNE	
STREET ADDRESS 5904 TIMBER VALLEY DR.		3.3 STREET ADDRESS 2176 JOB ROAD	
CITY-ST-ZIP LAKE WORTH FL 33463		3.4 CITY-ST-ZIP GREENACRES FL 33415	
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.

SIGNATURE: _____ DATE: **4/29/98**

CR2E037 (10/97)