FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 02, 1999 8:00 am
Secretary of State
08-02-1999 90005 044 ****61.25

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DOCUMENT # **N98000004625**

1. Corporation Name
FAIRWAY VILLAGE OF HERITAGE SPRINGS, INC.

Principal Place of Business	Mailing Address
2368 FAIRSKIES DRIVE SPRING HILL FL 34606	2368 FAIRSKIES DRIVE SPRING HILL FL 34606

2. Principal Place of Business 21 11345 Robt Trent Suite, Apt. #, etc. 22 City & State 23 New Port Richey FL Zip 24 34655 Country 25 USA	2a. Mailing Address 26 Jones Pkwy Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 08/11/1998 4. FEI Number 59-3579486 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMPSON, LEE 2368 FAIRSKIES DRIVE SPRING HILL FL 34606	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11509 Hidden Cove Ct 83 84 City New Port Richey FL 85 Zip Code 34655

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 7/27
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☑ Addition D,P John Mills 11345 Robt Trent Jones Pkwy New Port Richey FL 34655
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☑ Addition D, John Martins 11345 Robt Trent Jones Pkwy New Port Richey FL 34655
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☐ Change ☑ Addition D,S, John J Lukaszewski Jr 11345 Robt Trent Jones Pkwy New Port Richey FL 34655
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☑ Addition D Robert F Ferte 11345 Robt Trent Jones Pkwy New Port Richey FL 34655
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☑ Addition D,P Lee Thompson 11345 Robt Trent Jones Pkwy New Port Richey FL 34655
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☑ Addition V P Operations Pamela S Washburn 11345 Robt Trent Jones Pkwy New Port Richey FL 34655

CR2E031 (11/98)

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: Pamela S Washburn VP Oper 6/9/99 727 375-5857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #