## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **P98000063296**1. Corporation Name

FAIRWAY POOLS, INC.

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90003 003 \*\*\*150.00



|  |  |                                   |                     | _   |  |  |                                |
|--|--|-----------------------------------|---------------------|---|--|--|--------------------------------|
| Principal Place of Business Mailing Address  |  |                                   |                     |   | 1 18611881 1181 1181 1181 1181 1181 118  | . <b></b>                              | (819 (9)(1 9))) (96)           |
| 118 RIO PINAR TRAIL ORMOND BEACH FL 32174  118 RIO PINAR TRAIL ORMOND BEACH FL 32174 |  |                                   |                     |   | DO NOT WRITE IN THIS SPACE   |  |                                |
|  |  |                                   |                     |   | 3. Date Incorporated or Qualifed   |  |                                |
|  |  |                                   |                     |   | 07/17/1998   |  |                                |
| 2. Principal Pl  | ace of Business  | 2a. Mailing Address               | 2a. Mailing Address |   | 4. FEI Number 59-352 7895  |  | Applied For                    |
| 21   |  | 26                                |                     | 34-332 1013   |  | Not Applicable                         |                                |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.               | 27                  |   | 5. Certificate of Status Desired   | 7                                      | 5 Additional<br>Required       |
| City & State   |  | City & State                      |                     | Election Campaign Financing     Trust Fund Contribution |  | 00 May Be<br>ed to Fees                |                                |
| Zip  | Country  | Zip                               | Country             |   | 8. This corporation owes the current   | t year Intangible                      | -                              |
| 24   | 25 29 30   |                                   | l                   |   | Personal Property Tax.   | Yes                                    | ⊡No.                           |
| 9. Name and Address of Current Registered Agent                                      |  |                                   |                     |   | 10. Name and Address of New Reg  | jistered Agent _                       |                                |
|  | <del></del> -  |                                   | 81                  | Name  |  |  |                                |
| KATZ, B P ESQ<br>B. Paul Katz Professional Center                                    |  |                                   | 82                  | Street Add  | Iress (P.O. Box Number is Not Acceptable   | e)                                     | ,                              |
| 1 FL   | ORIDA PARK DRIVE SOUTH ATR   |                                   | 83                  |   |  |  |                                |
| i  | 1 COAST FL 32137   |                                   | 84                  | City  |  | FL                                     | Zip Code                       |
| office or n  | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligat | of Florida. Such change was autho | orized by           | the corporati   | poration submits this statement for the pulion's board of directors. I hereby accept t | rpose of changing<br>he appointment as | its registered<br>s registered |
| SIGNATURE  |  |                                   |                     |   |  |  |                                |
|  | Signature, typed or printed name of registered agen  |                                   |                     | nt signature require                                    | ed when reinstating)   | DATE                                   | OTODO IN 12                    |
| 12.  |  | D DIRECTORS                       | 13.                 |   | ADDITIONS/CHANGES TO OFFIC   | CERS AND DIREC                         |                                |
| TITLE  | PD   | ☐ DELETE                          | 1.1 TITLE           |   |  | L] Ollan                               | ige                            |
| NAME   | NETWALL, GARY  |                                   | 12 NAME             |   |  |  | ì                              |
| STREET ADDRESS   | 118 RIO PINAR TRAIL  |                                   | ļ                   | T ADDRESS   |  |  |                                |
| CITY-ST-ZIP  | ORMOND BEACH FL 32174  | - I parete                        | 1.4 CITY-S          | T-ZIP   |  | [] Chan                                | nge                            |
| TITLE  | VD   | ☐ DELETE                          | 2.1 TITLE           |   |  | L] Citati                              | ide Dyddigou                   |
| NAME   | KIMBERLEY, ROD   |                                   | 2.2 NAME            |   |  |  | ļ                              |
| STREET ADDRESS   | 14 CEDARWOOD COURT   |                                   |                     | T ADDRESS   |  |  | }                              |
| CITY-ST-ZIP  | PALM COAST FL 32137  | Floriere                          | 2. 4 CITY- 9        | ST- ZIP   |  | ☐ Chan                                 | nge Addition                   |
| TITLE  | STD  | ☐ DELETE                          | 3.1 TITLE           | }   |  | L. Chan                                | ige                            |
| NAME   | GROFF, WILLIAM   |                                   | 3.2 NAME            |   |  |  |                                |
| STREET ADDRESS   | 661 PELICAN BAY DRIVE  |                                   |                     | TADDRESS  |  |  | ļ                              |
| CITY-ST-ZIP  | DAYTONA BEACH FL 32119   |                                   | 3.4. CITY-5         | ST-ZIP  | <del></del>  | ☐ Chan                                 | nge                            |
| TITLE  |  | ☐ DELETE                          | 4.1 TITLE           |   |  | Cilai                                  | ige [] Addition                |
| NAME   |  | ı                                 | 4.2 NAME            |   |  |  | }                              |
| STREET ADDRESS   |  |                                   | 4 3 STREE           | TADORESS  |  |  |                                |
| CITY-ST-ZIP  |  |                                   | 4.4 CITY-S          | ST-ZIP  |  | Chan                                   | nge 🔲 Addition                 |
| TITLE  |  | ☐ DELETE                          | 5.1 TITLE           |   |  | _ Chan                                 | ige Dynamini                   |
| NAME   |  |                                   | 5.2 NAME            | T ADDDCCC   |  |  | Ì                              |
| STREET ADDRESS   |  |                                   |                     | TADDRESS  |  |  | ſ                              |
| CITY-ST-ZIP  |  |                                   | 54 CITY-S           | ST-ZIP  |  |  | nge                            |
| TITLE  |  | DELETE                            | 6.1 TITLE           | l   |  | Char                                   | ião Moninoli                   |
| NAME   |  |                                   | 6.2 NAME            |   |  |  | Į.                             |
| STREET ADDRESS   |  |                                   | 6.3 STREE           | T ADDRESS   |  |  | J                              |

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 507 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:

Gary Netwal, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

904/503-3412