FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V62698 (8)

1. Corporation Name
THE FAIRWAYS AT OCEAN VILLAGE, INC.

Principal Place of Business	Mailing Address
2400 S OCEAN DR FT PIERCE FL 34949	2400 S OCEAN DR FT PIERCE FL 34949

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/02/1992
3a. Date of Last Report: 10/05/1994

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):
Zip (29): Country (30):

4. FEI Number: 65-0356962 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FREBRARO, JAMES
2400 S OCEAN DR
FT PIERCE FL 34949

10. Name and Address of New Registered Agent

91 Name: KARY L. SOKOL
92 Street Address (P.O. Box Number is Not Acceptable): 2400 S. OCEAN DR
93: FT. PIERCE
94 City: FT. PIERCE FL 95 Zip Code: 34949

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kary L. Sokol — 4-10-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P D	☒ Change ☐ Addition
NAME	FREBRARO, JAMES	12 NAME	KARY L. SOKOL	
STREET ADDRESS	2461 SE HILLARD RD	13 STREET ADDRESS	3960 NE SUGARHILL AVE	
CITY-ST-ZIP	PORT ST LUCIE FL	14 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	FREBRARO, JAMES VINCENT	22 NAME		
STREET ADDRESS	2461 SE HILLARD RD	23 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE	S T D	☒ Change ☐ Addition
NAME	FREBRARO, PATRICIA A	32 NAME	KARY L. SOKOL	
STREET ADDRESS	2461 SE HILLARD RD	33 STREET ADDRESS	3960 NE SUGARHILL AVE	
CITY-ST-ZIP	PORT ST LUCIE FL	34 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kary L. Sokol — 4-10-95 — 407-465-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
J.F. Giuliano 4/10/95

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