


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 10 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **N37929**

1. Corporation Name  
**FAIRWAYS AT ROLLING HILLS WATER AUTHORITY, INC**

Principal Place of Business Mailing Address

**C/O RONALD D. BROWN** **C/O RONALD D. BROWN**  
**ROUTE 5 BOX 451** **P.O. BOX 1458**  
**LADY LAKE FL 32159** **LADY LAKE FL 32158**

2. Principal Place of Business 2a. Mailing Address

21 **5023 C.R. 125** 26 **5023 C.R. 125**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **WILDWOOD FL** 27 **WILDWOOD FL**  
 City & State City & State

23 **34785 SUMNER** 28 **34785 SUMNER**  
 Zip Country Zip Country

24 **FL** 25 **FL** 29 **FL** 30 **FL**  
 State State State State

3. Date Incorporated or Qualified **05/01/1990** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-3097699** 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

**BROWN, RONALD D.**  
**5023 C.R. 125**  
**WILDWOOD, FL 34785**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable) **5023 C.R. # 125**  
 83  
 84 City **WILDWOOD** 85 Zip Code **FL 34785**

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 **Ronald D. Brown** **RONALD D. BROWN** **9-28-97**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. **D President** OFFICERS AND DIRECTORS

TITLE	<b>BROWN RONALD D.</b> <input type="checkbox"/> DELETE
NAME	<b>RT 5 BOX 451</b>
STREET ADDRESS	<b>LADY LAKE FL</b>
CITY-ST-ZIP	
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>BROWN, LARRY R</b>
STREET ADDRESS	<b>RT. 5 BOX 451</b>
CITY-ST-ZIP	<b>LADY LAKE FL</b>
TITLE	<b>OST Director, Secretary, Treasurer</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HALL, WILLIAM B</b>
STREET ADDRESS	<b>RT 5 BOX 451</b>
CITY-ST-ZIP	<b>LADY LAKE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BROWN RONALD D</b>
1.3 STREET ADDRESS	<b>5023 C.R. 125</b>
1.4 CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>
2.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BROWN LARRY R</b>
2.3 STREET ADDRESS	<b>5023 C.R. 125</b>
2.4 CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>
3.1 TITLE	<b>FOx Gregory Director, Secretary Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>5023 C.R. 125</b>
3.3 STREET ADDRESS	<b>WILDWOOD FL 34785</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>200002211392</b>
5.3 STREET ADDRESS	<b>-06/13/97--01045--004</b>
5.4 CITY-ST-ZIP	<b>***\$61.25</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: **Ronald D. Brown** **9-28-97 (352) 748-4040**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)