FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N37929

1. Corporation Name

FAIRWAYS AT ROLLING HILLS WATER AUTHORITY, INC.

Principal Place of Business 5023 CR 125

2. Principal Place of Business

WILDWOOD FL 34785

Mailing Address

8524 NE 136TH AV LADY LAKE FL 32159

2a. Mailing Address

FILED
Apr 09, 1999 8:00 am §
Secretary of State 04-09-1999 90088 044 ****61.25



3. Date Incorporated or Qualifed

21		26					05/01/1990				- 1
. Suite, Apt.	#, etc.	1-0,	Suite, Apt. #, etc.				4. FEI Number Applied For				
22		27	27				59-3097699			lot Applicabl	6
City & State			City & State				5. Certifcate of Status Desired			Additional Required	
Zip	Country Zip				ntry		6. Election Campaign Financing		\$5.00	May Be	
24	25 29 30						Trust Fund Contribution		Added	to Fees	
	9. Name and Address of Current	Regis	tered Agent				10. Name and Address of New Regist	ered Ag	jent		_
					81	Name					
BROWN. RONALD D					82 Street Address (P.O. Box Number is Not Acceptable)						
8524 NE 136TH AVE											_
LADY LAKE FL 32156					83						1
		•			84	City			85 Zip	Code	\neg
						·		<u>FL</u>	Щ.,		_
11. Pursuant	to the provisions of Sections 617.0502	and 6	17.1508, Florida Statutes,	the ab	ove- by t	-named corpo he corporation	oration submits this statement for the purpo n's board of directors. I hereby accept the	se of ch appointr	ıangıng ıt ment as r	:s registered registered	
agent. I a	m familiar with, and accept the obligation	ons of	Section 617.0503, Florid	a Statu	ites.	no osiporatio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••		•	
SIGNATURE	•						when reinstating) DA				١,
	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS				Agent	signature required	ADDITIONS/CHANGES TO OFFICER		DIRECT	ORS IN 12	8
12.		DIRE	DELETE	13. 1.1 π	1 =		ABBINIONO I I I I I I I I I I I I I I I I I		Change		on 3
TITLE	DP			1.2 N		•				_	
NAME	BROWN, RONALD D.			•		ADDRESS					{ {
STREET ADDRESS				1							
CITY-ST-ZIP	LDY LAKE FL 32159			1.4 CIT 2.1 TIT		-217			Change	Additi	ion 3
TITLE	_ ;			2.2 NAME					_ ,	_ :	_ }
NAME	BROWN, LARRY R.			بسنين	_=	ADDRESS					
STREET ADORESS				1		F					
CITY-ST-ZIP TITLE	WILDWOOD FL 34785			2.4 CITY-ST-ZIP		-211			Change	Additi	ion
NAME	USI				3.2 NAME						-
STREET ADDRESS	rox, dicaoni				3.3 STREET ADDRESS						
•	WILDWOOD FL 34785			3.4. CF		i i					
CITY-ST-ZIP TITLE	WILDWOOD FL 34/85				LE	- ==1			Change	Additi	ion
NAME				4.2 NA							-
STREET ADDRESS						ADDRESS					
				4.4 CIT							-
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TII					Change	e 🔲 Additi	ion
NAME				5.2 NA							
STREET ADDRESS				5.3 ST	REET	ADDRESS					1
CITY-ST-ZIP				5.4 CIT	Y-ST	-ZIP					
TITLE			☐ DELETE	6.1 TIT	LE				Change	e 🗌 Additi	ion
NAME				6.2 NA	ME						
STREET ADDRESS				6.3 ST	REET.	ADDRESS					-
CITY OF 78D				6.4 CFI	Y-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, with all other like empowered.