

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 APR 21 AM 9: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **751223** (9)
1. Corporation Name
FAIRWAY GARDENS, [REDACTED] INC.

Principal Place of Business Mailing Address
190 PEBBLE BEACH BLVD. SUITE 205 NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/25/1980** 3a. Date of Last Report **02/21/1994**

4. FEI Number **59-2265328** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
BAILEY, EDYTHE M
190 PEBBLE BEACH BLVD, 205
NAPLES FL 33962

(cc) Linda 4/21/95

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 *Please note change in Condo*
84 City *name* FL 85 Zip Code

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 *Edythe M. Bailey* - *Treasurer* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE D
NAME NUZZO, JOHN
STREET ADDRESS 190 PEBBLE BCH BLVD #101
CITY-ST-ZIP NAPLES FL

TITLE T.
NAME BAILEY, EDYTHE.
STREET ADDRESS 190 PEBBLE BCH BLVD #205
CITY-ST-ZIP NAPLES FL

TITLE D
NAME GREEN, HARRY
STREET ADDRESS 190 PEBBLE BCH BLVD #201
CITY-ST-ZIP NAPLES FL

TITLE S.
NAME CONLON JOAN
STREET ADDRESS 190 PEBBLE BEACH BLVD., # 504
CITY-ST-ZIP NAPLES FL 33962

TITLE [REDACTED]
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

TITLE D.P.
NAME TUDISCO, JOSPEH
STREET ADDRESS 190 PEBBLE BCH BLVD #404
CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **000001468240**
1.4 CITY-ST-ZIP **-05/01/95 - 01050 - 0016**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME **D. Harley Hilger**
5.3 STREET ADDRESS **190 Pebble Beach Blvd**
5.4 CITY-ST-ZIP **Naples FL 33962**

6.1 TITLE Change 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edythe M. Bailey* *Edythe M. Bailey* *Treas.* *4-7-95*
Signature and typed or printed name of signing officer or director Date (Expires 1 Year)

774-2851