

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N49285** (2)
1. Corporation Name
FAIRWAY DUNES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
% TRAMCO, INC.
133 4TH STREET
NAPLES FL 33962
TRAMCO, INC.
133 4TH STREET
5085 Tamiami Trail
NAPLES, FLORIDA 33962

3. Date Incorporated or Qualified **06/03/1992** 3a. Date of Last Report **03/31/1995**

2. Principal Place of Business 2a. Mailing Address
21 **5085 Tamiami Tr. E.** 26 **5085 Tamiami Tr. E.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Naples, FL** 27 **Naples, FL**
City & State City & State
24 **33962** 25 **Collier** 29 **33962** 30 **Collier**
Zip Country Zip Country

4. FEI Number **65-0367017** 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
MART, GARY E
% TRAMCO, INC
133 4TH STREET
NAPLES FL 33962

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5085 TAMIAMI TRAIL EAS
83
84 City **NAPLES** FL 85 Zip Code **33962**

11. Pursuant to the provisions of Sections 617.0002 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 617.1509, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent's signature required when registering) **4/8/96**

12. OFFICERS AND DIRECTORS

TITLE	B <input checked="" type="checkbox"/> DELETE
NAME	LARSON, CARL
STREET ADDRESS	25380 FAIRWAY DUNES COURT
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROGERS JENNY
STREET ADDRESS	5085 E. TAMIAMI TR.
CITY-ST-ZIP	NAPLES FL 33962
TITLE	B <input checked="" type="checkbox"/> DELETE
NAME	CLARENCE KLINE
STREET ADDRESS	5085 E. TAMIAMI TR.
CITY-ST-ZIP	NAPLES FL 33962
TITLE	D <input type="checkbox"/> DELETE
NAME	GORMAN, CLAIRE
STREET ADDRESS	25541 FAIRWAY DUNES COURT
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	BOZE, JOANNA
STREET ADDRESS	9801 TREASURE CAY LN
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICK MORIN
1.3 STREET ADDRESS	5085 Tamiami Tr. E.
1.4 CITY-ST-ZIP	Naples, FL 33962
2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jerry Hall
5.3 STREET ADDRESS	5085 Tamiami Tr. E.
5.4 CITY-ST-ZIP	Naples, FL 33962
6.1 TITLE	VS (Vice Secretary) D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jeanette Benolkin
6.3 STREET ADDRESS	5085 Tamiami Tr. E.
6.4 CITY-ST-ZIP	Naples, FL 33962

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: *[Signature]* **4-4-96** **992-7438**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)