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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N49285

(2)

## FAIRWAY DUNES CONDOMINIUM ASSOCIATION, INC.

SOBS TAMIAMI TR E NAPLES FL 33962	
118	

SIGNATURE:

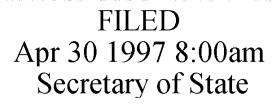
Principal Place of Business

2. Principal Place of Business

Mailing Address

5085 TAMIAMI TR E NAPLES FL 34113-4128

2a. Mailing Address





Applied For

21		26			65-036/01/ Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27			Fee Required	
City & Stat	e	City & State			Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zıp	Coun	ry	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30		Florida Statutes Yes No	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
	•		18	1 Name	Robert T. Gracey	
MART, GARY E			Ē	2 Stree	eet Address (P.O. Box Number is Not Acceptable)	
5085 TAMIAMI TRAIL EAST			<u> </u>	187 Forest Lakes Blvd.		
133 4TH STREET			}*	3		
NAPLE	S FL 33962		la la	4 City	/ 85 Zip Code	
				,	Naples FL 34105	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	es, the abo	ve-name	ped corporation submits this statement for the purpose of changing its registered	
agent. La	egistered agent, or both, in the state im familiar with, and accept the obliga	ations of, Section 617,0503, Fig.	rida Statui	es.	corporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE		M. M. A.D. W	rance		4/10/97	
SIGNATIONE.	Signature, typed or printed name of registered age	nt and title if applicable UDY	: Registered	gent signatu	ature required when reinstating) DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	☐ DELETE	1.1 TITL	Ē	P Change Addition	
NAME	MORIN, RICK		1.2 NAM	É	Morin, Rick	
STREET ADDRESS	5085 TAMIAMI TR E.		1.3 STA	ET ADDRESS	ss 4275 Harbor Park	
CITY - ST - ZIP	NAPLES FL		1.4 CITY	-ST-ZIP	Crown Point, IN 46307	
TITLE	DT	☐ DELETE	2.1 TITL		DT Change Additio	
NAME	ROGERS JENNY		2.2 NAM	E	Bill O'Connell	
STREET ADDRESS	5085 E. TAMIAMI TR.		2.3 STAI	ET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CIT	/-\$1-ZIP	Bonita Springs, FL 34135	
TITLE	D	☐ DELETE	3 1 TITL		VP	
NAME	BENOLKIN, JEANETTE		3.2 NAM	E	Benolkin, Feanette	
STREET ADDRESS	5085 TAMIAMI TR E.		3.3 STRI	ET ADDRESS		
CITY-ST-ZIP	NAPLES FL	١.,	3.4. CIT	r-ST-ZIP	Bonita Springs, FL 34135	
TITLE	DP	DELETE	4.1 TITE		D Change Additio	
NAME	GORMAN, CLAIRE	<i>Y</i> \	4. 2 NA	AE.	Arciola, Carmen	
STREET ADDRESS	25541 FAIRWAY DUNES COI	urt	4.3 STR	ET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		4.4 CITY	-ST-ZIP		
TITLE	DS	DELETE	5.1 TITE		Bonita Springs, FL 34135 Change Addition	
NAME	HALL, JERRY	<i>Y</i> \	5.2 NAM	E	Gracey, Robert	
STREET ADDRESS	5085 TAMIAMI TR E.		5.3 STR	ET ADDRESS	1 · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	NAPLES FL		ı	-ST-ZIP	Naples, FL 34105	
TITLE		DELETE	6.1 TITL		Change Addition	
NAME	}		6.2 NAM		Rogers, Jenny	
STREET ADDRESS				et address	A   T   T   T   T   T   T   T   T   T	
CITY-ST-ZIP				-ST-ZIP	Bonita Springs, FL 34135	
	L by certify that the information supplied	d with this filing does not qualif			on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	
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.						