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Apr 30 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 # N49285 (2)  
1. Corporation Name  
FAIRWAY DUNES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
5085 TAMiami TR E NAPLES FL 33962 US  
5085 TAMiami TR E NAPLES FL 34113-4128 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/03/1992	3a. Date of Last Report 04/12/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0367017	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MART, GARY E  
5085 TAMiami TRAIL EAST  
133 4TH STREET  
NAPLES FL 33962

81 Name Robert T. Gracey  
82 Street Address (P.O. Box Number is Not Acceptable) 187 Forest Lakes Blvd.  
83  
84 City Naples FL 85 Zip Code 34105

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 *Robert T. Gracey* 4/10/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV MORIN, RICK <input type="checkbox"/> DELETE	1.1 TITLE	P Morin, Rick <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIN, RICK	1.2 NAME	Morin, Rick
STREET ADDRESS	5085 TAMiami TR E.	1.3 STREET ADDRESS	4275 Harbor Park
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Crown Point, IN 46307
TITLE	DT ROGERS JENNY <input type="checkbox"/> DELETE	2.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS JENNY	2.2 NAME	Bill O'Connell
STREET ADDRESS	5085 E. TAMiami TR.	2.3 STREET ADDRESS	25371 Fairway Dunes Ct.
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	D BENOLKIN, JEANETTE <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENOLKIN, JEANETTE	3.2 NAME	Benolkin, Feanette
STREET ADDRESS	5085 TAMiami TR E.	3.3 STREET ADDRESS	25131 Fairway Dunes Ct.
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	DP GORMAN, CLAIRE <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, CLAIRE	4.2 NAME	Arciola, Carmen
STREET ADDRESS	25541 FAIRWAY DUNES COURT	4.3 STREET ADDRESS	25261 Fairway Dunes Ct
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	DS HALL, JERRY <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, JERRY	5.2 NAME	Gracey, Robert
STREET ADDRESS	5085 TAMiami TR E.	5.3 STREET ADDRESS	187 Forest Lakes Blvd.
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, FL 34105
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Rogers, Jenny
STREET ADDRESS		6.3 STREET ADDRESS	25571 Fairway Dunes Ct.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Bonita Springs, FL 34135

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: *Robert T. Gracey* 4/10/97 794-649-5667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080069

CR2E037 (9/96)