


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49285
 1. Corporation Name
FAIRWAY DUNES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 187 Forest Lakes Blvd. Naples, FL 34105	Mailing Address 187 Forest Lakes Blvd. Naples, FL 34105
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3. Date Incorporated or Qualified 06/03/1992	
4. FEI Number 65-0367017	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Robert T. Gracey 187 Forest Lakes Blvd. Naples, FL 34105		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morin, Rick	1.2 NAME	
STREET ADDRESS	25591 Fairway Dunes Ct.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34135	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arciola, Carmen	2.2 NAME	
STREET ADDRESS	25261 Fairway Dunes Ct.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34135	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Connell, William	3.2 NAME	
STREET ADDRESS	25371 Fairway Dunes Ct.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34135	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hall, Jerry	4.2 NAME	
STREET ADDRESS	25500 Fairway Dunes Ct.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34135	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abbott, James	5.2 NAME	
STREET ADDRESS	25470 Fairway Dunes Ct.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34135	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gracey, Robert T.	6.2 NAME	
STREET ADDRESS	187 Forest Lakes Blvd.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34105	6.4 CITY-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.

SIGNATURE: *Robert T. Gracey* 4/3/98 941-648-5667

CR2E037 (10/97)