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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N49285**

1. Corporation Name

FAIRWAY DUNES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

187 FOREST LAKES BLVD.
 NAPLES FL 34105
 US

Mailing Address

187 FOREST LAKES BLVD.
 NAPLES FL 34105
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

06/03/1992

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

9. Name and Address of Current Registered Agent

GRACEY, ROBERT T
 187 FOREST LAKES BLVD.
 NAPLES FL 34105

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME MORIN, RICK
 STREET ADDRESS 25591 FAIRWAY DUNES CT.
 CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE DT DELETE
 NAME O'CONNELL, WILLIAM
 STREET ADDRESS 25371 FAIRWAY DUNES CT.
 CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE DS DELETE
 NAME HALL, JERRY
 STREET ADDRESS 25500 FAIRWAY DUNES CT.
 CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE DVP DELETE
 NAME ARCIOLA, CARMEN
 STREET ADDRESS 25261 FAIRWAY DUNES CT.
 CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE AT DELETE
 NAME GRACEY, ROBERT T
 STREET ADDRESS 187 FOREST LAKES BLVD.
 CITY-ST-ZIP NAPLES FL 34105

TITLE D DELETE
 NAME ABBOTT, JAMES
 STREET ADDRESS 25470 FAIRWAY DUNES CT.
 CITY-ST-ZIP BONITA SPRINGS FL 34135

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE D Change Addition
 2.2 NAME SMITH, JOHN
 2.3 STREET ADDRESS 25510 FAIRWAY DUNES COURT
 2.4 CITY-ST-ZIP BONITA SPRINGS, FL 34135

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

4.1 TITLE D Change Addition
 4.2 NAME CANHAM, JENNIFER
 4.3 STREET ADDRESS 25521 FAIRWAY DUNES COURT
 4.4 CITY-ST-ZIP BONITA SPRINGS, FL 34135

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE PD Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert T. Gracey 4/15/99 941-649-5667
 Date Daytime Phone #

CR2E037 (11/98)