

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49285

1. Entity Name

FAIRWAY DUNES CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90157 029 ****61.25

Principal Place of Business

Mailing Address

187 FOREST LAKES BLVD.
 NAPLES FL 34105
 US

187 FOREST LAKES BLVD.
 NAPLES FL 34105-5542
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0367017

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **ELLEN O'CONNELL** Change Addition
 NAME **25371 FAIRWAY DUNES CT.**
 STREET ADDRESS **BONITA SPRINGS, FL 34135**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SMITH, JOHN**
 STREET ADDRESS **25510 FAIRWAY DUNES CT**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **VPD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CANHAM, JENNIFER**
 STREET ADDRESS **25521 FAIRWAY DUNES CT**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert T. Gracey, ROBERT T. GRACEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00 941-649-5667
 Date Daytime Phone #

CR2E037 (9/99)