

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 25 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V02263 (4)**  
1. Corporation Name  
**11930 FAIRWAY LAKES, INC.**



Principal Place of Business <b>11930 FAIRWAY LAKES DR FT MYERS FL 33913</b>	Mailing Address <b>11930 FAIRWAY LAKES DR FT MYERS FL 33913-8337</b>
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3. Date Incorporated or Qualified <b>12/24/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>11922 Fairway Lakes DR</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>11922 Fairway Lakes DR</b> Suite, Apt. #, etc.
22 City & State 23 <b>FT Myers FL</b>	27 City & State 28 <b>FT Myers FL</b>
24 <b>33913</b> 25 <b>USA</b>	29 <b>33913</b> 30 <b>USA</b>

4. FEI Number <b>65-0306280</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DOCKERY, SAMUEL E  
11930 FAIRWAY LAKES DR  
SUITE 1  
FT MYERS FL 33913**

10. Name and Address of New Registered Agent  
81 Name  
**Samuel E Dockery**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**11922 Fairway Lakes DR**  
83  
84 City  
**FT Myers** 85 Zip Code  
**FL 33913**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DOCKERY, SAMUEL E</b>	
STREET ADDRESS	<b>11930 FAIRWAY LAKES DR</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RACHFAL, KARL III</b>	
STREET ADDRESS	<b>17220-1 TERRAVERDE CIRCLE</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, MARTHA W</b>	
STREET ADDRESS	<b>2695 CRAIG ST</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, JAMES W JR</b>	
STREET ADDRESS	<b>2695 CRAIG ST</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **9/11/97**

CR2E034 (9/96)