

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Myrbraun
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V02263** (4)
 1. Corporation Name
11930 FAIRWAY LAKES, INC.

Principal Place of Business Mailing Address
11930 FAIRWAY LAKES DR FT MYERS FL 33913 **11930 FAIRWAY LAKES DR FT MYERS FL 33913**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/24/1991	05/01/1994
22		27		4. FEI Number	Applied For
23		28		65-0306280	Not Applicable
24		25		5. Certificate of Status Desired	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
31		32		7. This corporation has liability for intangible tax under S. 199.0347, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LUMSDEN, DENNIS J. 6700 WINKLER RD SUITE 1 FT MYERS FL 33919				81 Name	Samuel E. Dockery		
				82 Street Address (P.O. Box Number is Not Acceptable)	11922 Fairway Lakes Drive		
				83			
				84 City	Fort Myers	85 FL Zip Code	33913

11. Pursuant to the provisions of Sections 199.034 and 199.0347, 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 the provisions of Sections 199.034 and 199.0347, Florida Statutes.

SIGNATURE: *Samuel E. Dockery* (Typed Name) Samuel E. Dockery (Typed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCKERY, SAMUEL E	13 NAME	
STREET ADDRESS	11930 FAIRWAY LAKES DR	13 STREET ADDRESS	
CITY, ST, ZIP	FT MYERS FL	13 CITY, ST, ZIP	
TITLE	D	14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACHFAL, KARL III	14 NAME	
STREET ADDRESS	346 BEACH AVE	14 STREET ADDRESS	
CITY, ST, ZIP	ROCHESTER NY	14 CITY, ST, ZIP	
TITLE	D	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, MARTHA W	15 NAME	
STREET ADDRESS	2695 CRAIG ST	15 STREET ADDRESS	
CITY, ST, ZIP	FT MYERS FL	15 CITY, ST, ZIP	
TITLE	D	16 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, JAMES W JR	16 NAME	
STREET ADDRESS	2695 CRAIG ST	16 STREET ADDRESS	
CITY, ST, ZIP	FT MYERS FL	16 CITY, ST, ZIP	
TITLE		17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY, ST, ZIP		17 CITY, ST, ZIP	
TITLE		18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18 NAME	
STREET ADDRESS		18 STREET ADDRESS	
CITY, ST, ZIP		18 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 199.034(8), Florida Statutes. I further certify that the information included on this annual report is complete and accurate and that my signature shall have the same legal effect as if made personally by me as an officer or director of the corporation. I am a duly sworn and commissioned notary public empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13, if it changes, or in an amendment with my address.

SIGNATURE: *Samuel E. Dockery*
 (Typed Name) Samuel E. Dockery (Typed Name)