

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

FILED

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V02263 (4)

1. Corporation Name
11930 FAIRWAY LAKES, INC.



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

4. FEI Number 65-0306280	Applied For <input type="checkbox"/> Not Applicable
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
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	D DOCKERY, SAMUEL E	<input type="checkbox"/> DELETE
NAME	11930 FAIRWAY LAKES DR	
STREET ADDRESS	FT MYERS FL	
CITY-ST-ZIP		
TITLE	D RACHFAL, KARL III	<input type="checkbox"/> DELETE
NAME	17220-1 TERRAVERDE CIRCLE	
STREET ADDRESS	FT MYERS FL	
CITY-ST-ZIP		
TITLE	D SCOTT, MARTHA W	<input type="checkbox"/> DELETE
NAME	2695 CRAIG ST	
STREET ADDRESS	FT MYERS FL	
CITY-ST-ZIP		
TITLE	D SCOTT, JAMES W JR	<input type="checkbox"/> DELETE
NAME	2695 CRAIG ST	
STREET ADDRESS	FT MYERS FL	
CITY-ST-ZIP		
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)