

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 724045

(0)

1. Corporation Name

FAIRWAY TOWERS, INC.



Principal Place of Business

Mailing Address

% R & P MGMT. ASSOC., INC.
265 AIRPORT RD.
NAPLES FL 33942

% R & P MGMT. ASSOC., INC.
265 AIRPORT RD.
NAPLES FL 33942

3. Date Incorporated or Qualified
08/04/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

R & P MANAGEMENT ASSOCIATION
265 AIRPORT ROAD S.
NAPLES FL 33942

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE
NAME HERSHA, JUNE
STREET ADDRESS 200 PEBBLE BCH DR S502
CITY - ST - ZIP NAPLES FL

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

TITLE VD ☐ DELETE
NAME PATTERSON, JAMES
STREET ADDRESS 200 PEBBLE BEACH BLVD 401
CITY - ST - ZIP NAPLES FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME REESE, DAN
STREET ADDRESS 200 PEBBLE BCH BLVD, 104
CITY - ST - ZIP NAPLES, FL 0

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME REESE, DAN
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE PD ☐ DELETE
NAME KLINKMAN, INGO
STREET ADDRESS 651 ST ANDREWS BLVD
CITY - ST - ZIP NAPLES, FL 0

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE T ☐ DELETE
NAME KRAFT, JANET
STREET ADDRESS 200 PEBBLE BEACH BLVD. #201
CITY - ST - ZIP NAPLES FL

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

TITLE VP ☐ DELETE
NAME HORTON, TOM
STREET ADDRESS 200 PEBBLE BEACH BLVD 305
CITY - ST - ZIP NAPLES FL

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)