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FILED

Mar 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34104-35183. Date Incorporated or Qualified
08/04/19723a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-1354156Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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
NAME HERSHA, JUNE
STREET ADDRESS 200 PEBBLE BCH DR S502
CITY-ST-ZIP NAPLES FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD
NAME PATTERSON, JAMES
STREET ADDRESS 200 PEBBLE BEACH BLVD 401
CITY-ST-ZIP NAPLES FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D
NAME REESE, DEAN
STREET ADDRESS 200 PEBBLE BCH BLVD, 104
CITY-ST-ZIP NAPLES, FL 03.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE PD
NAME KLINKMAN, INGO
STREET ADDRESS 851 ST ANDREWS BLVD
CITY-ST-ZIP NAPLES, FL 04.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE T
NAME KRAFT, JANET
STREET ADDRESS 200 PEBBLE BEACH BLVD. #201
CITY-ST-ZIP NAPLES FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE VP
NAME HORTON, TOM
STREET ADDRESS 200 PEBBLE BEACH BLVD 305
CITY-ST-ZIP NAPLES FL6.1 TITLE
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 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 # 0058071

CR2E037 (9/96)