

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90273 029 ****61.25

DOCUMENT # 724045

1. Corporation Name

FAIRWAY TOWERS, INC.

Principal Place of Business

% R & P MGMT. ASSOC., INC.
265 AIRPORT RD.
NAPLES FL 34104
US

Mailing Address

% R & P MGMT. ASSOC., INC.
265 AIRPORT RD.
NAPLES FL 34104
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/04/1972

4. FEI Number

59-1354156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code
34104

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

Donis Cam...
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/99
DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D**
REESE, DEAN
STREET ADDRESS **200 PEBBLE BCH BLVD, 104**
CITY-ST-ZIP **NAPLES, FL 0**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0063455