

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748600** (4)
1. Corporation Name
FAIRVIEW ISLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6655 ESTERO BLVD. FT. MYERS BEACH FL 33931-4549		Mailing Address 6655 ESTERO BLVD. FT. MYERS BEACH FL 33931-4549		3. Date Incorporated or Qualified 06/21/1979	
				4. FEI Number 59-2021017	
				Applied For ☐ Not Applicable	
2. Principal Place of Business 21		2a. Mailing Address 26		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State 23		City & State 28		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
Zip 24		Zip 29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
Country 25		Country 30			

9. Name and Address of Current Registered Agent GENNARO, VENTURO 6655 ESTERO BLVD FT MYERS BEACH FL 33931				10. Name and Address of New Registered Agent	
				81 Name William Benson	
				82 Street Address (P.O. Box Number is Not Acceptable) 6645 ESTERO BLVD # 205	
				83 Fort Myers Beach FL	
				84 City FL	
				85 Zip Code 33931	

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 William N. Benson SECRETARY William N. Benson 1-19-98
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			
☐ DELETE				☐ Change ☐ Addition			
TITLE	PD	CAPPS, JOHN G.		1.1 TITLE			
NAME	6645 ESTERO BLVD.			1.2 NAME			
STREET ADDRESS	FT. MYERS FL			1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	TD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	C. ROBERT PLATT			2.2 NAME			
STREET ADDRESS	1101 ILLINOIS ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	VALPARASIO IN			2.4 CITY-ST-ZIP			
TITLE	D	☒ DELETE		3.1 TITLE	☐ Change ☒ Addition		
NAME	CATHERINE DONNELLY			3.2 NAME	SECRETARY		
STREET ADDRESS	12627 W. 143RD ST.			3.3 STREET ADDRESS	WILLIAM BENSON		
CITY-ST-ZIP	ORT IL			3.4 CITY-ST-ZIP	6645 ESTERO BLVD #205		
TITLE	D	☒ DELETE		4.1 TITLE	☐ Change ☒ Addition		
NAME	PYNE, JOHN V.			4.2 NAME	DIRECTOR		
STREET ADDRESS	6655 ESTERO BOULEVARD 111			4.3 STREET ADDRESS	NORMAN LAUTERBACH		
CITY-ST-ZIP	FT. MYERS BEACH FL			4.4 CITY-ST-ZIP	8940 SOUTH 51ST Avenue		
TITLE	VPS	☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME	KANKOWSKI, ROBERT J.			5.2 NAME			
STREET ADDRESS	6655 ESTERO BOULEVARD 311			5.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS BEACH FL			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: William N. Benson - William N. Benson 1-19-98/941-765-8733

CR2E037 (10/97)