

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748970

1. Entity Name

NAPLES FAIRWAYS CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90027 044 ****61.25

0048168

Principal Place of Business
538 FAIRWAY TERRACE
NAPLES FL 33940

Mailing Address
538 FAIRWAY TERRACE
NAPLES FL 33940

2. Principal Place of Business
2000 Willow Lawn Lane
Suite, Apt. #, etc.

3. Mailing Address
2000 Willow Lawn Lane
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Windsor FL
Zip
34786
Country

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Windsor FL
Zip
34786
Country

4. FEI Number
34-5227358
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, WINN H
538 FAIRWAY TERRACE
NAPLES FL 34103

7. Name and Address of New Registered Agent
Name
Drew A. Smith
Street Address (P.O. Box Number is Not Acceptable)
2000 Willow Lawn Lane
City
Windsor FL
Zip Code
34786

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
SIGNATURE
Drew A. Smith
2/12/02

FILE NOW: FEE IS \$61.25
9. Election Campaign Financing
Trust Fund Contribution.
\$5.00 May Be Added to Fees
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME SMITH, WINN H STREET ADDRESS 538 FAIRWAY TERRACE CITY-ST-ZIP NAPLES FL 34103	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Drew A. Smith STREET ADDRESS 2000 Willow Lawn Lane CITY-ST-ZIP Windsor FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME ANDERSON, ANN E STREET ADDRESS 538 FAIRWAY TERR CITY-ST-ZIP NAPLES FL 34103	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Marcella D. Smith STREET ADDRESS 2000 Willow Lawn Lane CITY-ST-ZIP Windsor FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME CASEY, WILLIAM G STREET ADDRESS 508 FAIRWAY TERRACE CITY-ST-ZIP NAPLES FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME CASEY, SUSAN STREET ADDRESS 508 FAIRWAY TERRACE CITY-ST-ZIP NAPLES FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Drew A. Smith
2/12/02 407 760 0372

CR2E037 (9/01)