2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748970

FILED Jan 16, 2005 Secretary of State

Entity Name: NAPLES FAIRWAYS CONDOMINIUM ASSOCATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2000WILLOW LAUREN LANE 4972 HUBNER CIRCLE WINDERMERE, FL 34786 SARASOTA, FL 34241

Current Mailing Address: New Mailing Address:

2000WILLOW LAUREN LANE4972 HUBNER CIRCLEWINDERMERE, FL 34786SARASOTA, FL 34241

FEI Number: 34-5227358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, DREW A
2000 WILLOW LAUREN LANE
WINDERMERE, FL 347868 US
SMITH, DREW A
4972 HUBNER CIRCLE
SARASOTA, FL 34241 US

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: 01/16/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 SMITH, DREW A
 Name:
 SMITH, DREW A

 Address:
 2000 WILLOW LAUREN LANE
 Address:
 4972 HUBNER CIRCLE

 City-St-Zip:
 WINDERMERE, FL 34786
 City-St-Zip:
 SARASOTA, FL 34241

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 SMITH, MARCELLA D
 Name:
 SMITH, MARCELLA D

 Address:
 2000 WILLOW LAUREN LANE
 Address:
 4972 HUBNER CIRCLE

 City-St-Zip:
 WINDERMERE, FL 34786
 City-St-Zip:
 SARASOTA, FL 34241

Title: VD () Delete Title: () Change () Addition

 Name:
 CASEY, WILLIAM G
 Name:

 Address:
 508 FAIRWAY TERRACE
 Address:

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 CASEY, SUSAN
 Name:

 Address:
 508 FAIRWAY TERRACE
 Address:

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DREW A. SMITH PD 01/16/2005