


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751223 (9)
1. Corporation Name
FAIRWAY GARDENS, INC.



Principal Place of Business 190 PEBBLE BEACH BLVD. SUITE 205 NAPLES FL 33962	Mailing Address 190 PEBBLE BEACH BLVD. SUITE 205 NAPLES FL 34113-6344
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3. Date Incorporated or Qualified 02/25/1980	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-2265328	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BAILEY, EDYTHE M
190 PEBBLE BEACH BLVD, 205
NAPLES FL 33962**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<i>President</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUZZO, JOHN	1.2 NAME	<i>Robert Baum</i>
STREET ADDRESS	190 PEBBLE BCH BLVD #101	1.3 STREET ADDRESS	<i>190 Pebble Beach Blvd. # 505</i>
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	<i>Naples, FL 34113-8344</i>
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, EDYTHE	2.2 NAME	
STREET ADDRESS	190 PEBBLE BCH BLVD #205	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, HARRY	3.2 NAME	
STREET ADDRESS	190 PEBBLE BCH BLVD #201	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLON, JOAN	4.2 NAME	
STREET ADDRESS	190 PEBBLE BEACH BLVD., # 504	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILGER, HARLEY	5.2 NAME	
STREET ADDRESS	190 PEBBLE BEACH BLVD. #105	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUDISCO, JOSEPH	6.2 NAME	
STREET ADDRESS	190 PEBBLE BCH BLVD #404	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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: Edythe M. Bailey **REQUIRED** *4-7-97* *774-2851*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060054

CR2E037 (9/96)