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FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751223 (9)
1. Corporation Name
FAIRWAY GARDENS, INC.



Principal Place of Business Mailing Address
190 PEBBLE BEACH BLVD. APT 506 NAPLES FL 34113-5344
190 PEBBLE BEACH BLVD. SUITE 505 APT 506 NAPLES FL 34113-8344

3. Date Incorporated or Qualified
02/25/1980
4. FEI Number
59-2265328 Applied For Not Applicable

2. Principal Place of Business Mailing Address
21 190 PEBBLE BEACH BLVD 26 190 PEBBLE BEACH BLVD
Suite, Apt. #, etc. APT 506 Suite, Apt. #, etc. APT 506
22 City & State NAPLES FL 27 City & State NAPLES FL
23 Zip 34113 Country U.S. 28 Zip 34113 29 Country U.S.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BAILEY, EDYTHE M
190 PEBBLE BEACH BLVD, 205
NAPLES FL 33982

10. Name and Address of New Registered Agent
81 Name CONLON, JOAN
82 Street Address (P.O. Box Number is Not Acceptable) 190 PEBBLE BEACH BLVD, 504
83
84 City NAPLES FL 85 Zip Code 34113

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 *Joan M. Conlon* JOAN CONLON SECRETARY 4/7/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NUZZO, JOHN	
STREET ADDRESS	190 PEBBLE BCH BLVD #101	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	[REDACTED]	<input checked="" type="checkbox"/> DELETE
NAME	[REDACTED]	
STREET ADDRESS	[REDACTED]	
CITY-ST-ZIP	[REDACTED]	
TITLE	[REDACTED]	<input checked="" type="checkbox"/> DELETE
NAME	[REDACTED]	
STREET ADDRESS	[REDACTED]	
CITY-ST-ZIP	[REDACTED]	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CONLON, JOAN	
STREET ADDRESS	190 PEBBLE BEACH BLVD., # 504	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BAUM, ROBERT	
STREET ADDRESS	190 PEBBLE BCH, BLVD #505	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ADAMS, CHARLES H.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	190 PEBBLE BEACH BLVD. #204	
1.4 CITY-ST-ZIP	NAPLES, FL 34113	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SMITH, GLORIA	
2.3 STREET ADDRESS	190 PEBBLE BEACH BLVD # 304	
2.4 CITY-ST-ZIP	NAPLES FL 34113	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* 3/8/98 774 1851

CR20037 (10/97)