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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751223

1. Corporation Name
FAIRWAY GARDENS, INC.

Principal Place of Business 190 PEBBLE BCH BLVD APT 506 NAPLES FL 34113 US	Mailing Address 190 PEBBLE BEACH BLVD. APT 506 NAPLES FL 34113 US
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2. Principal Place of Business 21 <u>190 PEBBLE BEACH BLVD</u>	2a. Mailing Address 26 <u>190 PEBBLE BEACH BLVD</u>	3. Date Incorporated or Qualified 02/25/1980
Suite, Apt. #, etc. 22 <u>APT 506</u>	Suite, Apt. #, etc. 27 <u>APT 506</u>	4. FEI Number 59-2265328
City & State 23 <u>NAPLES FL</u>	City & State 28 <u>NAPLES FL</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 <u>34113</u>	Country 25 <u>U.S.</u>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CONLON, JOAN
 190 PEBBLE BCH BLVD
 504
 NAPLES FL 34113

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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	TD	<input type="checkbox"/> DELETE
NAME	ADAMS, CHARLES	
STREET ADDRESS	190 PEBBLE BCH BLVD 204	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, G	
STREET ADDRESS	190 PEBBLE BCH BLVD, 304	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CONLON, JOAN	
STREET ADDRESS	190 PEBBLE BEACH BLVD., # 504	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	D	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: SIGNATURE RICHARD ADAMS 4.14.99 (941) 774-1851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)