## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1997 8:00am

Secretary of State

96/6)

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **F92000000747 (7)**

NATIONAL FAIRWAYS INC.

STREET ADDRESS

CITY - ST - ZIF

WESTON CT 06883

appears in Block 12 or Block

SIGNATURE:

hatiged, or on an attachment wit

Mailing Address Principal Place of Business 71 ARCH STREET 71 ARCH STREET GREENWICH CT 06830-6544 GREENWICH CT 06830 3. Date Incorporated or Qualified 3a. Date of Last Report 12/17/1992 02/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 22-3128291 261062 Church Hill Road 1062 Church Hill Road Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional XX 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Fairfield, CT Trust Fund Contribution Added to Fees 23 Fairfield, CT Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 06432 XX Yes No 25 29 06432 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 City Zip Code 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signer melity enior prieted harne of regelten diagest and title if applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PCD PSD Addition DELETE Change 1.1 TITLE TITLE Goodrich, Gail, C BERGSCHNEIDER, MARC C NAME 1.2 NAME 147 Byram Shore Road 260 REDDING ROAD 1.3 STREET ADDRESS STREET ADDRESS Greenwich, CT 06830 EASTON CT 06612 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE CARPENTER, DONALD L 2.2 NAME 307 S. ROSCOE BLVD. 2.3 STREET ADDRESS STREET ADDRESS ... PONTE VEDRA BEACH FL 32082 2. 4 City-St-ZiP City - St - ZiP DELETE Change Addition 3.1 TITLE THELE PURCELL, JOHN R JR. 3.2 NAME NAME 24 SEALANE 3.3 STREET ADDRESS STREET ADDRESS HILTON HEAD SC 29928 3.4. CITY-ST-ZIP CITY-\$1-759 DELETE ☐ Change Addition 4.1 TITLE TiTLE FENTON, DEAN NAME 4. 2 NAME 1177 SUMMER STREET 4.3 STREET ADDRESS STREET ADDRESS STAMFORD CT 06905 4.4 CITY - ST - ZIP CITY-SI-7/P Change Addition DELETE 5.1 TITLE THEF MONROE, SPENCER C NAME 5.2 NAME 6 DEW ROAD STREET ADDRESS **5.3 STREET ADDRESS** WINSTEAD CT 06098 5 4 CITY - ST - ZIP CITY - ST - ZIP XX DELETE Change Addition 6.1 TITLE THLE MCAULIFFE, BARBARA NAME 6.2 NAME 24 TUBBS SPRING DRIVE

63 STREET ADDRESS

64 CITY-ST-ZIP

14. Ho hereby certify that the information supplied with this filling 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 configuration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name