FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02486 (1)

1. Corporation Name

LAKE FAIRWAYS HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
19371 N TAMIAMI TRAIL PO BOX 4655 NORTH FORT MYERS FL 33918	19371 N TAMIAMI TRAIL PO BOX 4655 NORTH FORT MYERS FL 33918

3. Date Incorporated or Qualified: 04/11/1984
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2173323 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$60.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

FORD, THOMAS
10810 LAKEWOOD SHORES NW
N. FT. MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name: BELL, JOHN
82 Street Address (P.O. Box Number is Not Acceptable): 19215 CEDAR CREST COURT, NW.
83
84 City: NORTH FORT MYERS **FL** 85 Zip Code: 33903

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: John A. Bell 4/4/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FORD, THOMAS	1.2 NAME	BELL, JOHN	
STREET ADDRESS	10810 LAKEWOOD SHORES NW	1.3 STREET ADDRESS	19215 CEDAR CREST COURT, NW.	
CITY-ST-ZIP	N. FT. MYERS FL	1.4 CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	OUTLAND, JERALD	2.2 NAME	HARKER, ROYCE	
STREET ADDRESS	19217 INDIAN WELLS CT. NW	2.3 STREET ADDRESS	19240 CONGRESSIONAL COURT, NW.	
CITY-ST-ZIP	N. FT. MYERS FL	2.4 CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	MARSH, JAMES	3.2 NAME	ADAMS, JOSEPHINE	
STREET ADDRESS	19135 GRENELEFE	3.3 STREET ADDRESS	19139 GRENELEFE COURT, NW.	
CITY-ST-ZIP	N. FT. MYERS FL	3.4 CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	WEIMER, RAY	4.2 NAME	CLARKE, ROBERT	
STREET ADDRESS	19324 GREEN VALLEY	4.3 STREET ADDRESS	10700 FIRESTONE COURT, NW.	
CITY-ST-ZIP	N. FT. MYERS FL	4.4 CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert J. Clarke 4-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT J. CLARKE TREASURER

000950