

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N02486** (1)
1. Corporation Name
LAKE FAIRWAYS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**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 **04/19/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**BELL, JOHN
19215 CEDAR CREST COURT, NW
NORTH FORT MYERS FL 33903**
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 | PD | 1.1 TITLE | |
| NAME | BEL, L JOHN | 1.2 NAME | |
| STREET ADDRESS | 19215 CEDAR CREST COURT, NW | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | NORTH FT. MYERS FL | 1.4 CITY - ST - ZIP | |
| TITLE | SD | 2.1 TITLE | |
| NAME | HARKER, ROYVE | 2.2 NAME | |
| STREET ADDRESS | 19250 CONGRESSIONAL COURT, NW | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | N. FT. MYERS FL | 2.4 CITY - ST - ZIP | |
| TITLE | VD | 3.1 TITLE | |
| NAME | ADAMS, JOSEPHINE | 3.2 NAME | |
| STREET ADDRESS | 19139 GRENELEFE COURT, NW | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | N. FT. MYERS FL | 3.4 CITY - ST - ZIP | |
| TITLE | TD | 4.1 TITLE | |
| NAME | CLARKE, ROBERT | 4.2 NAME | |
| STREET ADDRESS | 10700 FIRESTONE COURT, NW | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | N. FT. MYERS FL | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| 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)(k), 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: **JOHN A. BELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 24, 1996 (941) 543 5565
Date Daytime Phone #

CR2E037 (3/96)