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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

19371 N TAMiami TRAIL
PO BOX 4655
NORTH FORT MYERS FL 33918-4655

3. Date Incorporated or Qualified
04/11/1984

3a. Date of Last Report
07/31/1996

2. Principal Place of Business

2a. Mailing Address

21 10000 LAKEWOOD SHORES CIRCLE

26 10000 LAKEWOOD SHORES CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 NORTH FORT MYERS FL

28 NORTH FORT MYERS FL

Zip 33903

Country LEE

Zip 33903

Country LEE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELL, JOHN
19215 CEDAR CREST COURT, NW
NORTH FORT MYERS FL 33903

81 Name

ROBERT J. CLARKE

82 Street Address (P.O. Box Number is Not Acceptable)

10700 FIRESTONE COURT

83

84 City

NORTH FORT MYERS

FL

85 Zip Code 33903

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

Robert J. Clarke
Signature, typed or printed name of registered agent and title if applicable

ROBERT J. CLARKE, TREASURER

4-28-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BEL, L JOHN
STREET ADDRESS 19215 CEDAR CREST COURT, NW
CITY-ST-ZIP NORTH FT. MYERS FL

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME BROWN, ROBERT W.
1.3 STREET ADDRESS 1929A CEDAR CREST COURT
1.4 CITY-ST-ZIP NORTH FT. MYERS, FL. 33903

TITLE SD ☐ DELETE

NAME HARKER, ROYVE
STREET ADDRESS 19250 CONGRESSIONAL COURT, NW
CITY-ST-ZIP N. FT. MYERS FL

2.1 TITLE SD ☐ Change ☒ Addition

2.2 NAME HARKER, ROYVE

TITLE VD ☐ DELETE

NAME ADAMS, JOSEPHINE
STREET ADDRESS 19139 GRENELEFE COURT, NW
CITY-ST-ZIP N. FT. MYERS FL

3.1 TITLE VD ☒ Change ☐ Addition

3.2 NAME CHAMBERLAIN
3.3 STREET ADDRESS 19316 GREEN VALLEY COURT
3.4 CITY-ST-ZIP NORTH FT. MYERS, FL. 33903

TITLE TD ☐ DELETE

NAME CLARKE, ROBERT
STREET ADDRESS 10700 FIRESTONE COURT, NW
CITY-ST-ZIP N. FT. MYERS FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Robert J. Clarke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066942

CR2E037 (9/96)