


FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02486** (1)
1. Corporation Name
LAKE FAIRWAYS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 10000 LAKEWOOD SHORES CIR. NORTH FORT MYERS FL 33903 US	Mailing Address 10000 LAKEWOOD SHORES CIR. NORTH FORT MYERS FL 33903 US
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3. Date Incorporated or Qualified 04/11/1984	
4. FEI Number 59-2173323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CLARKE, ROBERT J 10700 FIRESTONE COURT 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 85 Zip Code
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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	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	12927 CEDAR CREST COURT	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	NORTH FT. MYERS FL	2.1 TITLE	2.2 NAME
TITLE	SD HARKER, ROYCE	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	19250 CONGRESSIONAL COURT, NW	3.1 TITLE	3.2 NAME
CITY-ST-ZIP	N. FT. MYERS FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	VD CHAMBERLAIN	4.1 TITLE	4.2 NAME
STREET ADDRESS	19316 GREEN VALLEY COURT	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP	N. FT. MYERS FL	5.1 TITLE	5.2 NAME
TITLE	TD CLARKE, ROBERT	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	10700 FIRESTONE COURT, NW	6.1 TITLE	6.2 NAME
CITY-ST-ZIP	N. FT. MYERS FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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.

SIGNATURE:  REQUIRED

CR2E037 (10/97)