2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State **DOCUMENT # N02486** 1. Entity Name LAKE FAIRWAYS HOMEOWNERS ASSOCIATION, INC. 05-02-2002 90031 024 ****61.25 Principal Place of Business Mailing Address 10000 LAKEWOOD SHORES CIR. 10000 LAKEWOOD SHORES CIR. NORTH FORT MYERS FL 33903 NORTH FORT MYERS FL 33903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2173323 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **BELL, CHARLES W** 19200 GREENVALLEY COURT NORTH FORT MYERS FL 33903 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE Change ☐ Addition FADER, DICK NAME NAME STREET ADDRESS 19129 INNIS BROOK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33903 TITLE Delete TITLE ☐ Addition CHWARD CAA Frantz, Edward NAME NAME Arrow head STREET ADDRESS 19260 ARROWHEAD STREET ADDRESS CTMYERS FL 33903 CITY-ST-ZIP N FT MYERS FL 33903 CITY-ST-ZIP **VD** TITLE 岚 Delete TITLE Addition FADER, DICK NAME NAME Myers FL 33903 STREET ADDRESS 19129 INNIS BROOK STREET ADDRESS CITY-ST-ZIP N. FT. MYERS FL 33903 CITY-ST-ZIP :--TD TITLE ☐ Delete TITLE Ð ☐ Change Addition NOEL WATKINS BELL, CHARLES W NAME NAME 19109 Funs Brook STREET ADDRESS 19200 GREEN VALLEY CT STREET ADDRESS CITY-ST-ZIP N. FT. MYERS FL 33903 CITY-ST-ZIP VD TITLE - Delete TITLE ☐ Change Addition KELTNER, JOHN NAME NAME STREET ADDRESS 19405 BERMUDA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33903 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: