

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90008 030 ****61.25

DOCUMENT # N02486

1. Entity 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

54024621



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2173323

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLING, LEE JAY
682 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FADER, DICK
STREET ADDRESS 19129 INNIS BROOK
CITY-ST-ZIP FORT MYERS FL 33903 ☐ Delete

TITLE VD
NAME Barbara Murphy
STREET ADDRESS 10025 MISSION HILLS
CITY-ST-ZIP N. FT MYERS, FL 33903 ☐ Change ☒ Addition

TITLE D
NAME FRANTZ, EDWARD
STREET ADDRESS 19260 ARROWHEAD
CITY-ST-ZIP N FT MYERS FL 33903 ☐ Delete

TITLE D
NAME Woody Berkabile
STREET ADDRESS 19100 Meadow Brook
CITY-ST-ZIP N. FT MYERS, FL 33903 ☐ Change ☒ Addition

TITLE VD
NAME VON DER VELLEN, JOHN
STREET ADDRESS 9845 SEAGLASS
CITY-ST-ZIP N. FT. MYERS FL 33903 ☒ Delete

TITLE D
NAME Dave Van Hampton
STREET ADDRESS 19312 TUCKAWAY
CITY-ST-ZIP N. FT MYERS FL 33903 ☐ Change ☒ Addition

TITLE TD
NAME BELL, CHARLES W
STREET ADDRESS 19200 GREEN VALLEY CT
CITY-ST-ZIP N. FT. MYERS FL 33903 ☐ Delete

TITLE D
NAME TOM MATTESON
STREET ADDRESS 19217 TUCKAWAY
CITY-ST-ZIP N. FT MYERS, FL 33903 ☐ Change ☒ Addition

TITLE SD
NAME WATKINS, NOEL
STREET ADDRESS 19109 INNS BROOK
CITY-ST-ZIP N. FORT MYERS FL 33903 ☐ Delete

TITLE D
NAME LOIS LEMMON
STREET ADDRESS 19414 BERMUDA
CITY-ST-ZIP N. FT MYERS, FL 33903 ☐ Change ☒ Addition

TITLE D
NAME KUBIAK, EUGENE
STREET ADDRESS 19287 CONGRESSIONAL
CITY-ST-ZIP NORTH FORT MYERS FL 33903 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: Charles W Bell Charles W Bell 3/25/04 239-731095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #