

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002318

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE VILLAS OF FAIRWAY TERRACE, INC.

Current Principal Place of Business:

5125 CASTELLO DR.
NAPLES, FL 34103

New Principal Place of Business:

14815 CARDUCCI CT
BONITA SPRINGS, FL 34135

Current Mailing Address:

5125 CASTELLO DR.
NAPLES, FL 34103

New Mailing Address:

14815 CARDUCCI CT
BONITA SPRINGS, FL 34135

FEI Number: 75-3115887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARAN, MARK D
5125 CASTELLO DR.
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MARAN, MARK D
14815 CARDUCCI CT.
BONITA SPRINGS, FL 34135 US

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: MARK MARAN

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARAN, MARK D
Address: 5125 CASTELLO DR.
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: JAKSTCH, NICHOLAS M
Address: 760 STARBOARD DR
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: WACHOWICZ, GERALD E
Address: 2400 WINDWARD WAY
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MARAN, MARK D
Address: 14815 CARDUCCI CT.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK MARAN

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date