2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N05000007322

Entity Name: FAIRWAY PRESERVE AT OLDE CYPRESS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7995 PRESERVE CIRCLE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

7995 PRESERVE CIRCLE
NAPLES, FL 34119

New Mailing Address:

C/O DIRECTORS CHOICE, LLC
P.O. BOX 1405
NAPLES, FL 34106-140

FEI Number: 20-4052005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, ARTHUR
C/O FAIRWAY PRESERVE CONDO ASSOC
7995 PRESERVE CIRCLE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LIGUORI, MATTHEW
Address: 7935 PRESSERVE CIR. #423
City-St-Zip: NAPLES, FL 34119

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: MOORE, ARTHUR
Address: 7940 PRESERVE CIRCLE #932
City-St-Zip: NAPLES, FL 34119

Title: VP/D ( ) Change (X) Addition
Name: DONDERO, MEREDITH
Address: 7945 PRESERVE CIRCLE #538
City-St-Zip: NAPLES, FL 34119

Title: ST/D ( ) Change (X) Addition
Name: FITZSIMONS, PETER
Address: 203 6TH STREET
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ARTHUR MOORE P/D 04/01/2009

Electronic Signature of Signing Officer or Director — Date