


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N17910 1. Entity Name FAIRWAY FOREST GARDEN VILLAS, INC. |  |
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|---|---|
| Principal Place of Business 187 FOREST LAKES BLVD NAPLES, FL 34105 US | Mailing Address 187 FOREST LAKES BLVD NAPLES, FL 34105 US |
|---|---|



04122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 65-0094237 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GRACEY, ROBERT T 187 FOREST LAKES BLVD NAPLES, FL 34105 |
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOLF, REID 125 FOREST LAKES BLVD NAPLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCLOUD, DONALD 159 FOREST LAKES BLVD. NAPLES, FL 34105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD GRACEY, ROBERT T 187 FOREST LAKES BLVD NAPLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POLLARD, FRANK 163 FOREST LAKES BLVD. #102 NAPLES, FL 34105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DOUGHERTY, JAMES 135 FOREST LAKES BLVD. NAPLES, FL 34105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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05/01/07-80015-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/07

Date

239-649-5667

Daytime Phone #