2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N17910

Entity Name: FAIRWAY FOREST GARDEN VILLAS, INC.

Current Principal Place of Business:

187 FOREST LAKES BLVD
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

187 FOREST LAKES BLVD
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 65-0094237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRACEY, ROBERT T
187 FOREST LAKES BLVD
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

GRACEY, ROBERT T SR.
187 FOREST LAKES BLVD
NAPLES, FL 34105 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: ROBERT T. GRACEY, SR. 03/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WOLF, REID
Address: 125 FOREST LAKES BLVD
City-St-Zip: NAPLES, FL

Title: D ( ) Delete
Name: MCCLOUD, DONALD
Address: 159 FOREST LAKES BLVD.
City-St-Zip: NAPLES, FL 34105

Title: STD ( ) Delete
Name: GRACEY, ROBERT T
Address: 187 FOREST LAKES BLVD
City-St-Zip: NAPLES, FL

Title: PD ( ) Delete
Name: DOUGHERTY, JAMES
Address: 135 FOREST LAKES BLVD.
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: CHIASERO, JOHN
Address: 181 FOREST LAKES BLVD.
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition
Name: MCCLOUD, DONALD
Address: 159 FOREST LAKES BLVD.
City-St-Zip: NAPLES, FL 34105

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

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 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: ROBERT T. GRACEY, SR. SECY 03/30/2009
Electronic Signature of Signing Officer or Director Date