2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N20489

Entity Name: FAIRWAY OAKS, INC.

Current Principal Place of Business:

ALBI ROAD
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

745 12 AVE S
AA
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-2840071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT, LLC
745 12 AVE S
AA
NAPLES, FL 34102 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:	TOOT, FREDERICK	
Address:	194-4 ALBI ROAD	
City-St-Zip:	NAPLES, FL 34112	
Title:	VP	( ) Delete
Name:	RAVOSA, JOHN	
Address:	193-7 ALBI RD	
City-St-Zip:	NAPLES, FL 34112	
Title:	T	( ) Delete
Name:	FRANK, STEVE	
Address:	193-1 ALBI RD	
City-St-Zip:	NAPLES, FL 34112	
Title:	D	( ) Delete
Name:	ALLEN, PETER	
Address:	196-4 ALBI RD.	
City-St-Zip:	NAPLES, FL 34112	
Title:	S	( ) Delete
Name:	WOODRUFF, JANE	
Address:	223 MCMILLAN RD	
City-St-Zip:	GROSSE POINTE FARMS, MI 48236	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: FREDERICK TOOT P 04/23/2009

Electronic Signature of Signing Officer or Director — Date