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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41115** **(9)**

1. Corporation Name

FAIRWAY VILLAS HOMEOWNERS' ASSOCIATION OF NAPLES , INC.

Principal Place of Business	Mailing Address
~~107 LELY COURT~~ 502 ST. ANDREWS BLVD. NAPLES, FLORIDA 34-113 US	FIARWAY VILLAS HOMEOWNERS ASSOCIATION 3823 TAMIAMI TR E #258 NAPLES FL 34112-6224 US

3. Date Incorporated or Qualified: 12/06/1990

4. FEI Number: 65-0237772 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

9. Name and Address of Current Registered Agent

BELTRAMINI, RICHARD
104 TANGLEWOOD CT.
NAPLES FL 34113

NONE

Richard J. Beltramini

10. Name and Address of New Registered Agent

81 Name: JOHN BAY

82 Street Address (P.O. Box Number is Not Acceptable): 502 ST. ANDREWS BLVD.

83

84 City: NAPLES FL 85 Zip Code: 34-113

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: JOHN F. BAY — John F. Bay — April 21-98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	P/D X Addition
NAME	CENEDELLA, FRED		1.2 NAME	JOHN BAY
STREET ADDRESS	107 LELY COURT		1.3 STREET ADDRESS	502 St. Andrews Blvd
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples, FL 34113
TITLE	TD	☐ DELETE	2.1 TITLE	V/D X Additon
NAME	AMUNDSON, CURTIS F.		2.2 NAME	SAL ANGELERI
STREET ADDRESS	601 ST. ANDREWS BLVD.		2.3 STREET ADDRESS	470 St. Andrews Blvd
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples, FL 34113
TITLE	SD	☒ DELETE	3.1 TITLE	T/D (ASS'T)
NAME	BODINE, ANN		3.2 NAME	ROBERT PATTERSON X Addition
STREET ADDRESS	100 TANGLEWOOD CT.		3.3 STREET ADDRESS	479 St. Andrews Blvd
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, FL 34113
TITLE	VD	☒ DELETE	4.1 TITLE	S/D X Addition
NAME	BELTRAMINI, RICHARD		4.2 NAME	STEVEN KRAVETZ
STREET ADDRESS	104 TANGLEWOOD CT.		4.3 STREET ADDRESS	503 St. Andrews Blvd
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	Naples, FL 34113
TITLE	VD	☒ DELETE	5.1 TITLE	D X Addition
NAME	TRONGONE, ARTHUR J		5.2 NAME	JOHN D FAKO
STREET ADDRESS	101 LELY COURT		5.3 STREET ADDRESS	478 St. Andrews Blvd
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Naples, FL 34113
TITLE			6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John F. Bay JOHN F. BAY 5/5/98 793-4851