2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State
01-22-2001 90024 025 ****70.00

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DOCUMENT # N41115

1. Entity Name

FAIRWAY VILLAS HOMEOWNERS' ASSOCIATION OF NAPLES

Principal Place of Business	Mailing Address
502 ST ANDREWS BLVD NAPLES FL 34113 US	FIARWAY VILLAS HOMEOWNERS ASSOCIATION 112 TANGLEWOOD CT NAPLES FL 34113 US

000476

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
112 TANGLEWOOD CT	12693 E. TAMIAMI TR.
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB # 149
City & State NAPLES, FL	City & State NAPLES, FL
Zip: 34113 Country: USA	Zip: 34113 Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAY, JOHN 502 ST ANDREWS BLVD NAPLES FL 34113	Name: HAROLD WORRAD Street Address (P.O. Box Number is Not Acceptable): 486 ST ANDREWS BLVD City: NAPLES FL Zip Code: 34113

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.

SIGNATURE: Harold Worrad HAROLD WORRAD, PRES 1-11-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BAY, JOHN 502 ST ANDREWS BLVD NALES FL 34113	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WORRAD, HAROLD 486 ST ANDRBWS BLVD NAPLES, FL 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOERHOLZ, ED 516 ST. ANDREWS BLVD NAPLES FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WORRAD, GISELA 486 ST ANDREWS BLVD NAPLES, FL 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PATTERSON, ROBERT 479 ST ANDREWS BLVD NAPLES FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMENGUAL, MAUREEN 500 ST ANDREWS BLVD NAPLES, FL 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ANGELERI, SAL 470 ST ANDREWS BLVD NAPLES FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAKO, LADORIS 106 LELY CT NAPLES, FL 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AMFAHR, SANDY 635 ST. ANDREWS BLVD NAPLES FL 34113	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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 REQUIRED ROBERT C PATTERSON, TREAS. 1/11/01 (941) 793-7688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #