

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41115

FILED
Apr 15, 2005
Secretary of State

Entity Name: FAIRWAY VILLAS HOMEOWNERS' ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business:

COLLIER FINANCIAL, INC.
4986 E. TAMiami TRAIL
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8066
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 65-0237772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL INC
4985 E TAMiami TR
NAPLES, FL 34113 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: PD () Delete
Name: MEADE, MARLENE
Address: 609 ST ANDREWS BLVD
City-St-Zip: NAPLES, FL 34113

Title: VD () Delete
Name: ANGILERI, SAL
Address: 470 ST ANDREWS BLVD
City-St-Zip: NAPLES, FL 34113

Title: SD () Delete
Name: PATTERSON, KATHLEEN
Address: 481 ST. ANDREWS BLVD
City-St-Zip: NAPLES, FL 34113

Title: TD () Delete
Name: DAVIS, CAROLE
Address: 502 ST ANDREWS BLVD
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: NELSON, DARRELL
Address: 548 ST. ANDREWS BLVD
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: PACE, LESLIE
Address: 524 ST ANDREWS BLVD
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: FAKO, JOHN
Address: 478 ST. ANDREWS BLVD
City-St-Zip: NAPLES, FL 34113

Title: SD (X) Change () Addition
Name: DAVIS, CAROLE
Address: 502 ST ANDREWS BLVD
City-St-Zip: NAPLES, FL 34113

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 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 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: MARLENE DEADE

PD

04/15/2005

Electronic Signature of Signing Officer or Director

Date