

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41115

FILED  
Mar 10, 2008  
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:**

589 ST. ANDREWS BLVD.  
NAPLES, FL 34113 US

**Current Mailing Address:**

COLLIER FINANCIAL, INC.  
4985 TAMiami TRAIL E.  
NAPLES, FL 34113 US

**New Mailing Address:**

589 ST. ANDREWS BLVD.  
NAPLES, FL 34113 US

**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:**

STRAPPONI, JOHN P  
589 ST. ANDREWS BLVD.  
NAPLES, FL 34113 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: JOHN P. STRAPPONI

03/10/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BATCHELOR, MARK  
Address: 491 ST. ANDREWS BLVD  
City-St-Zip: NAPLES, FL 34113

Title: TSD ( ) Delete  
Name: STRAPPONI, JOHN  
Address: 589 ST ANDREWS BLVD  
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete  
Name: ROLLAND, PIERRE  
Address: 105 LELY CT  
City-St-Zip: NAPLES, FL 34113

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

Title: D ( ) Delete  
Name: BORRMAN, KENT  
Address: 106 LELY CT  
City-St-Zip: NAPLES, FL 34113

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VTD (X) Change ( ) Addition  
Name: STRAPPONI, JOHN  
Address: 589 ST ANDREWS BLVD  
City-St-Zip: NAPLES, FL 34113

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

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

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: JOHN P. STRAPPONI

VTD

03/10/2008

Electronic Signature of Signing Officer or Director

Date