

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41115

FILED
Jan 28, 2009
Secretary of State

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

Current Principal Place of Business:

589 ST. ANDREWS BLVD.
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

589 ST. ANDREWS BLVD.
NAPLES, FL 34113 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:

STRAPPONI, JOHN P
589 ST. ANDREWS BLVD.
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: BATCHELOR, MARK
Address: 491 ST. ANDREWS BLVD
City-St-Zip: NAPLES, FL 34113

Title: VTD () 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: SD () Delete
Name: PATTERSON, KATHY
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: () 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: JOHN P. STRAPPONI

VTD

01/28/2009

Electronic Signature of Signing Officer or Director

Date