✓ ✓2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N41115

1. Entity Name

FAIRWAY VILLAS HOMEOWNERS' ASSOCIATION OF NAPLES



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90778 040 ****61.25

Principal Place of Business Mailing Address .									
: /			RT ROAD SOUTH			. " JAA322TT			
US)			U 915U 918U 1991	
2. Principal Place of Business Collier Financial Inc Fairway V.//			las						
			066				1		
City & State Napkes, FL Wapkes, FL				4. FEI Number 65-0237772		5-0237772	<u> </u>	Applied For	
Zip Country Zip			Country /	•	F Confference (Contra Basineta - F		 8 75	Not Applicable Additional	
			Co111	er	5. Certificate of Status Desired Fee Required				
Name and Address of Current Registered Agent				<u> </u>	7. Name and Add	7. Name and Address of New Registered Agent			
D Ø D DC	COPERTY MANAGEMENT		Narr	ie -					
R & P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH				Street Address (P.O. Box Number is Not Acceptable)					
NAPLES FL 34104						-, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			City	<u> </u>	₽ Zip Code			Podo.	
					FL `				
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. I am familiar with, and accept the obligations of registered agent.									
the configuration of agents									
SIGNATURE *									
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 Campaig				T WOIDD Way be			Payat	ole to	
Trust Fund Contr					Added to Fees	Florida Departn	ent c	of State	
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	CTOR	3 IN 10	
TITLE	PD	Delete	TITLE	DP	T Managahi		☐ Chan		
NAME	WORRAD, HAROLD	• • • • • • • • • • • • • • • • • • • •	NAME	Γi	Merencini	Andrews Blu	₹ `		
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NAME	AMENGUAL, MAUREEN		NAME	<u>, </u>	529 57	- AMERICAN END	1		
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	INVESTIGATION		0111 01 Lit	<u> </u>		<u>- </u>		1	

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:

Directors Continued Attachment 10035911

D Pace, Leshé

524 5T Andrews Blud
Naples, F1. 34/13

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