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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41207 (4)

1. Corporation Name

FAIRWAY LAKES OFFICE PARK OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11930 FAIRWAY LAKES DR
FT MYERS FL 33913
US

11930 FAIRWAY LAKES DR
FT MYERS FL 33913-8337
US

2. Principal Place of Business

2a. Mailing Address

21 11922 Fairway Lakes Dr 26 11922 Fairway Lakes Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FT. MYERS FL

28 FT. MYERS FL

24 33913 25 USA

29 33913 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUG SCHWARTZ
12861 GATEWAY BLVD
FORT MYERS FL 33913

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11922 Fairway Lakes Dr

83

84 City

FT. MYERS

FL

85 Zip Code

33913

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME RUSS WEYER
STREET ADDRESS 12861 GATEWAY BLVD
CITY-ST-ZIP FORT MYERS FL

TITLE TD ☒ DELETE

NAME SUSAN PRITCHARD
STREET ADDRESS 12861 GATEWAY BLVD
CITY-ST-ZIP FT. MYERS FL

TITLE SD ☐ DELETE

NAME DAVE CALDWELL
STREET ADDRESS 12861 GATEWAY BLVD
CITY-ST-ZIP FT. MYERS FL

TITLE D ☒ DELETE

NAME DOUG SCHWARTZ
STREET ADDRESS 12861 GATEWAY BLVD
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME AL MOSCATO
1.3 STREET ADDRESS 24820 Burnt Pine Dr
1.4 CITY-ST-ZIP Bonita Springs, FL 34134

2.1 TITLE TD ☒ Change ☐ Addition

2.2 NAME John O'Donnell
2.3 STREET ADDRESS 24820 Burnt Pine Dr
2.4 CITY-ST-ZIP Bonita Springs, FL 34134

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME Katherine Green
4.3 STREET ADDRESS 24820 Burnt Pine Dr
4.4 CITY-ST-ZIP Bonita Springs, FL 34134

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)