

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90024 031 ****61.25

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DOCUMENT # N41207

1. Corporation Name

FAIRWAY LAKES OFFICE PARK OWNERS' ASSOCIATION, I
NC.

Principal Place of Business

11922 FAIRWAY LAKES DR
FT MYERS FL 33913
US

Mailing Address

11922 FAIRWAY LAKES DRIVE
FT MYERS FL 33913
US

469568 - 90024 - 31



2. Principal Place of Business

21 11930 Fairway Lakes Dr

Suite, Apt. #, etc.

22 Suite #2

City & State

23 Fort Myers Florida

Zip Country

24 33913

25 USA

2a. Mailing Address

26 11930 Fairway Lakes Dr

Suite, Apt. #, etc.

27 Suite #2

City & State

28 Fort Myers Florida

Zip Country

29 33913

30 USA

3. Date Incorporated or Qualified

12/12/1990

4. FEI Number

65-0244907

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DOCKERY, SAMUEL
11922 FAIRWAY LAKES DRIVE
FORT MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name Dockery, Samuel

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

11930 Fairway Lakes Dr

83 Suite #2

84 City Fort 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

TITLE PD
NAME MOSCATO, AL
STREET ADDRESS 24820 BURNT PINE DRIVE
CITY-ST-ZIP BONITA SPRINGS FL

TITLE TD
NAME EBENGER, MARY BETH
STREET ADDRESS 24280 BURNT PINE DR
CITY-ST-ZIP BONITA SPRINGS FL

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

TITLE D
NAME GREEN, KATHERINE
STREET ADDRESS 24820 BURNT PINE DRI
CITY-ST-ZIP BONITA SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME FLINN, MILTY
1.3 STREET ADDRESS 24301 Walden Center Drive
1.4 CITY-ST-ZIP Bonita Springs, FL 34134

2.1 TITLE STD
2.2 NAME EBENGER, MARY BETH
2.3 STREET ADDRESS 24301 Walden Center Drive
2.4 CITY-ST-ZIP Bonita Springs, FL 34134

3.1 TITLE VPD
3.2 NAME CALDWELL, DAVID
3.3 STREET ADDRESS 24301 Walden Center Drive
3.4 CITY-ST-ZIP Bonita Springs, FL 34134

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED Milt Flynn

X 4/27/99 X 941-498-8232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)