


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90181 025 \*\*\*\*61.25

<b>DOCUMENT # N43829</b> 1. Entity Name <b>THE FAIRWAYS AT EMERALD GREENS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>463 TORREY PINES POINT NAPLES, FL 34113 US</b>			Mailing Address <b>463 TORREY PINES POINT NAPLES, FL 34113 US</b>		
2. Principal Place of Business - No P.O. Box # <b>187 FOREST LAKES BLVD.</b>		3. Mailing Address <b>187 FOREST LAKES BLVD.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>		4. FEI Number <b>59-3106839</b>	
Zip <b>34105</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34105</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRACEY, ROBERT T. 187 FOREST LAKES BLVD. NAPLES, FL 34105</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GRAHAM, CHARLES 1090 WOODSHIRE LN, F-101 NAPLES, FL 34101 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERMANN, HARRY 992 WOODSHIRE LAND NAPLES, FL 34105 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MASON, RANDY 1096 WOODSHIRE LN, C-104 NAPLES, FL 34105 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DWYER, ROBERT 1096 WOODSHIRE LN # C208 NAPLES, FL 34105 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DREVERMANN, KATENIA 992 WOODSHIRE LN # D302 NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST GRACEY, ROBERT 187 FOREST LAKES BLVD. NAPLES, FL 34105 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Robert Gracy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/14/07 <u>238-649-5667</u> <small>Date Daytime Phone #</small>	