2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2002 8:00 am Secretary of State DOCUMENT # **N9400001597** 1. Entity Name FAIRWAYS AT MARCO SHORES COMMONS ASSOCIATION, IN 05-20-2002 90062 013 ****61.25 Principal Place of Business Mailing Address 303 FILLMORE ST 303 FILLMORE ST MAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE P.U. Box 110156 City & State City & State 4. FEI Number Applied For 65-0482098 Not Applicable Zip Country Country \$8.75 Additional 34108 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ADKINS, WILLIAM H 303 FILLMORE ST NAPLES FL 34104 Zip Code **3///7** 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the state of Florida SIGNATURE (NOTE: Registered Agent signature required DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. PD TITLE Delete TITLE D/P Change **X** Addition CR2E037 (9/01 KANE, EDWARD NAME NAME Rafeldt, William STREET ADDRESS 1316 MAINSAIL DRIVE #1021 4600 Enterprise Are Suite A STREET ADDRESS CITY-ST-7IP NAPLES FL 34114 CITY-ST-ZIP Naplus, FL 3410U DS TITLE Delete TITLE Ɗ/ŸP/⊤ M Addition ☐ Change GREGOR, WILLIAM Haywood, Bill Drive #421 NAME NAME 1012 MAINSAIL DRIVE #311 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34114 CITY-ST-ZIP Naples, FL 34114 TD ☐ Delete TITLE Change Change ☐ Addition Laing, Robert F 1030 Marisail Dr. 612 Laing, Robert F NAME NAME STREET ADDRESS 1030 MAINSAIL DRIVE #612 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34114 CITY-ST-ZIP ، سام ☐ Delete TITLE ☐ Change **⊈** Addition NAME White, William D NAME STREET ADDRESS STREET ADDRESS 2310 Della De CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

NG OFFICER OR DIRECTOR

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