

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90052 036 ****61.25

DOCUMENT # N94000005948		
1. Entity Name LAKE FAIRWAYS F.I.S.H., INC.		
Principal Place of Business LAKE FAIRWAYS COUNTRY CLUB 10000 LAKEWOOD SHORES CIRCLE N FT MYERS, FL 33903 US		Mailing Address PO BOX 3820 N FT MYERS, FL 33918 US
DO NOT WRITE IN THIS SPACE		
		 04012008 No Chg-NP CR2E037 (4/06)
		4. FEI Number 65-0535603 Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SPEAR, VIRGINIA 19402 CONGRESSIONAL COURT N. FT. MYERS, FL 33903		DO NOT WRITE IN THIS SPACE
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 <u>Virginia K. Spear</u> DATE <u>4/6/08</u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO LORFORD KEASEY LORFORD, KEASEY 19391 CONGRESSIONAL CT NORTH FORT MYERS, FL 33903	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD YOHN, DONNA 19108 INDIAN WELLS CT N. FT MYERS, FL 33903	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CATHERINE REDCA SPEAR, VIRGINIA 19235 CONGRESSIONAL COURT NORTH FORT MYERS, FL 33903	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHULTZ, ELLA 19136 INNIS BROOK N FT MYERS, FL 33903	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARRETT, MARTIN 19185 INNIS BROOK N FT MYERS, FL 33903	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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>Ellen Schultzy - Treasurer</u> DATE <u>4/6/08</u> 239-731-7349 SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR		