

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005948

FILED
Aug 02, 2009
Secretary of State

Entity Name: LAKE FAIRWAYS F.I.S.H., INC.

Current Principal Place of Business:

LAKE FAIRWAYS COUNTRY CLUB
10000 LAKEWOOD SHORES CIRCLE
N FT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3820
N FT MYERS, FL 33918 US

New Mailing Address:

FEI Number: 65-0535603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPEAR, VIRGINIA
19402 CONGRESSIONAL COURT
N. FT. MYERS, FL 33903 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LORFORD, KEASEY
Address: 19391 CONGRESSIONAL CT
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: VD () Delete
Name: YOHN, DONNA
Address: 19108 INDIAN WELLS CT
City-St-Zip: N. FT MYERS, FL 33903

Title: SD () Delete
Name: REDCAY, CATHERINE
Address: 19235 CONGRESSIONAL COURT
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD () Delete
Name: SCHULTZ, ELLA
Address: 19136 INNIS BROOK
City-St-Zip: N FT MYERS, FL 33903

Title: D () Delete
Name: BARRETT, MARTIN
Address: 19185 INNIS BROOK
City-St-Zip: N FT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: RAD, NANCY
Address: 19224 CONGRESSIONAL COURT
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLA SCHULTZ

TD

08/02/2009

Electronic Signature of Signing Officer or Director

Date