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**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90047 011 \*\*\*\*61.25

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|                                                 |                                                                                   |                                                                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

**DOCUMENT # N97000001551**

1. Corporation Name

**FAIRWAY GARDENS AT TARA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

2666 AIRPORT ROAD SOUTH  
 NAPLES FL 34112

Mailing Address

2666 AIRPORT ROAD SOUTH  
 NAPLES FL 34112



|                                |                       |                                                                                          |
|--------------------------------|-----------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address   | 3. Date Incorporated or Qualified                                                        |
| 21 5899 Whitfield Ave          | 26 5899 Whitfield Ave | 04/02/1997                                                                               |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.   | 4. FEI Number                                                                            |
| 22 Suite 107                   | 27 Suite 107          | 59-3415642                                                                               |
| City & State                   | City & State          | Applied For                                                                              |
| 23 Sarasota FL                 | 28 Sarasota, FL       | Not Applicable                                                                           |
| Zip                            | Zip                   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 34243                       | 29 34243              | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |
| Country                        | Country               | Trust Fund Contribution                                                                  |
| 25                             | 30                    |                                                                                          |

9. Name and Address of Current Registered Agent

LOIACANO, MATTHEW  
 2666 AIRPORT ROAD SOUTH  
 NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name Douglas Wilson, Advanced Management  
 82 Street Address (P.O. Box Number is Not Acceptable) 5899 Whitfield  
 83 Suite 107  
 84 City Sarasota FL 85 Zip Code 34243

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

*Douglas E. Wilson* Douglas E. Wilson President, AMI 3-1-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                            |
|----------------------------|-------------------------|-------------------------------------------------------|----------------------------|
| TITLE                      | PD HIGGS, WILLIAM T     | 1.1 TITLE                                             | PD Roy Wallis              |
| NAME                       | 2666 AIRPORT ROAD SOUTH | 1.2 NAME                                              | 6634 Pineview Terrace      |
| STREET ADDRESS             | NAPLES FL 34112         | 1.3 STREET ADDRESS                                    | Bradenton, FL 34203        |
| CITY-ST-ZIP                |                         | 1.4 CITY-ST-ZIP                                       |                            |
| TITLE                      | SD HIGGS, ANTONIA       | 2.1 TITLE                                             | VD Theodore Brunson        |
| NAME                       | 2666 AIRPORT ROAD SOUTH | 2.2 NAME                                              | 6667 Pineview Terrace      |
| STREET ADDRESS             | NAPLES FL 34112         | 2.3 STREET ADDRESS                                    | Bradenton, FL 34203        |
| CITY-ST-ZIP                |                         | 2.4 CITY-ST-ZIP                                       |                            |
| TITLE                      | DV LOIACANO, MATTHEW    | 3.1 TITLE                                             | STD Charles Golding        |
| NAME                       | 2666 AIRPORT RD S       | 3.2 NAME                                              | 6568 Fairway Gardens Drive |
| STREET ADDRESS             | NAPLES FL 34112         | 3.3 STREET ADDRESS                                    | Bradenton, FL 34203        |
| CITY-ST-ZIP                |                         | 3.4 CITY-ST-ZIP                                       |                            |
| TITLE                      | T BLACK, BRAD J         | 4.1 TITLE                                             |                            |
| NAME                       | 2666 AIRPORT ROAD SOUTH | 4.2 NAME                                              |                            |
| STREET ADDRESS             | NAPLES FL 34112         | 4.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |                            |
| TITLE                      |                         | 5.1 TITLE                                             |                            |
| NAME                       |                         | 5.2 NAME                                              |                            |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |                            |
| TITLE                      |                         | 6.1 TITLE                                             |                            |
| NAME                       |                         | 6.2 NAME                                              |                            |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                |                         | 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:

*Charles Golding*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (11/98)