2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

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Entity Name: FAIRWAY PRESERVE APARTMENTS AT OLDE CYPRESS, INC.

Current Principal Place of Business:

7995-B PRESERVE CIRCLE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

7995-B PRESERVE CIRCLE
NAPLES, FL 34229

New Mailing Address:

FEI Number: 59-3536892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONROY, J. THOMAS III
2640 GOLDEN GATE PKWY
STE 115
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: POTESTIO, FRANK P JR.
Address: 7995-B PRESERVE CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: TRST ( ) Delete
Name: FINKELSTEIN, EDWARD S
Address: 17842 ARGYLL TERR.
City-St-Zip: BOCA RATON, FL 33490

Title: D ( ) Delete
Name: FINKELSTEIN, MORTON M TRUST
Address: 17079 DARLINGTON CT
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: SIMONI, JOHN S
Address: 174 COCONUT PALM RD
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: FINKELSTEIN, RALEIGH J TRUST
Address: 252 PEARL NW UNIT 7D
City-St-Zip: GRAND RAPIDS, MI 49503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK P. POTESTIO, JR. D 04/26/2005

Electronic Signature of Signing Officer or Director — Date