


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # P98000082932</b>			
1. Entity Name <b>FAIRWAY PRESERVE APARTMENTS AT OLDE CYPRESS, INC.</b>			
Principal Place of Business <b>7995-B PRESERVE CIRCLE NAPLES FL 34119</b>		Mailing Address <b>7995-B PRESERVE CIRCLE NAPLES FL 34229</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3536892** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CONROY, J. THOMAS III</b> <b>2640 GOLDEN GATE PKWY</b> <b>STE 115</b> <b>NAPLES FL 34105</b>		Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when non-stated) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	POTESTIO, FRANK P JR.	NAME	
STREET ADDRESS	7995-B PRESERVE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119	CITY-ST-ZIP	
TITLE	TRST <input type="checkbox"/> Delete	TITLE	U00000541153 <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FINKELSTEIN, EDWARD S	NAME	05/10/06-80045-021 <input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	17842 ARGYLL TERR.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33490	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FINKELSTEIN, MORTON M TRUST	NAME	
STREET ADDRESS	17079 DARLINGTON CT	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SIMONI, JOHN S	NAME	
STREET ADDRESS	174 COCONUT PALM RD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FINKELSTEIN, RALEIGH J TRUST	NAME	
STREET ADDRESS	252 PEARL NW UNIT 7D	STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI 49503	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK P. POTESTIO

3/2/06

(239) 543-9104