

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90113 037 ***150.00

DOCUMENT # P98000082932 1. Entity Name FAIRWAY PRESERVE APARTMENTS AT OLDE CYPRESS, INC.					
Principal Place of Business 7995-B PRESERVE CIRCLE NAPLES, FL 34119			Mailing Address 7995-B PRESERVE CIRCLE NAPLES, FL 34229		
2. Principal Place of Business - No P.O. Box # 2235 Venetian Ct.		3. Mailing Address 2235 Venetian Ct.			
Suite, Apt. #, etc. #3		Suite, Apt. #, etc. #3			
City & State Naples, FL		City & State Naples, FL			
Zip 34109		Country USA		Zip 34109	
Country USA		4. FEI Number 59-3536892			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONROY, J. THOMAS III 2210 VANDERBILT BEACH RD. STE 1201 NAPLES, FL 34105			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTESTIO, FRANK P JR. 7995-B PRESERVE CIRCLE NAPLES, FL 34119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRST FINKELSTEIN, EDWARD S 17842 ARGYLL TERR. BOCA RATON, FL 33490	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINKELSTEIN, MORTON M TRUST 17079 DARLINGTON CT BOCA RATON, FL 33496	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINKELSTEIN, RALEIGH J TRUST 252 PEARL NW UNIT 7D GRAND RAPIDS, MI 49503	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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 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:  FRANK POTESTIO, JR. 4-7-08 239-593-9641					