FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V02263 (4)

1. Corporate Name
11930 FAIRWAY LAKES, INC.

Principal Place of Business
11930 FAIRWAY LAKES DR
FT MYERS FL 33913

Mailing Address
11930 FAIRWAY LAKES DR
FT MYERS FL 33913

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/24/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
ZIP (24) County (25) ZIP (29) County (30)

4. FEI Number: 65-0306280 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
LUMSDEN, DENNIS J.
6700 WINKLER RD
SUITE 1
FT MYERS FL 33919

10. Name and Address of New Registered Agent
81 Name: Samuel E. Dockery
82 Street Address (P.O. Box Number is Not Acceptable): 11922 Fairway Lakes Drive
83
84 City: Fort Myers FL 85 Zip Code: 33913

11. Pursuant to the provisions of Section 607.0505 and 607.0508, 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. The 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 607.0505, Florida Statutes.

SIGNATURE: [signature] (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	DOCKERY, SAMUEL E	2. NAME	
STREET ADDRESS	11930 FAIRWAY LAKES DR	3. STREET ADDRESS	
CITY, ST, ZIP	FT MYERS FL	4. CITY, ST, ZIP	
TITLE	D	5. TITLE	☐ Change ☐ Addition
NAME	RACHFAL, KARL III	6. NAME	
STREET ADDRESS	346 BEACH AVE	7. STREET ADDRESS	
CITY, ST, ZIP	ROCHESTER NY	8. CITY, ST, ZIP	
TITLE	D	9. TITLE	☐ Change ☐ Addition
NAME	SCOTT, MARTHA W	10. NAME	
STREET ADDRESS	2695 CRAIG ST	11. STREET ADDRESS	
CITY, ST, ZIP	FT MYERS FL	12. CITY, ST, ZIP	
TITLE	D	13. TITLE	☐ Change ☐ Addition
NAME	SCOTT, JAMES W JR	14. NAME	
STREET ADDRESS	2695 CRAIG ST	15. STREET ADDRESS	
CITY, ST, ZIP	FT MYERS FL	16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a receiver or conservator of the corporation empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is in an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0333507 CP