

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V02263

(4)

1. Corporation 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

3. Date Incorporated or Qualified  
12/24/1991

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

4. FEI Number

65-0306280

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

DOCKERY, SAMUEL E  
11922 FAIRWAY LAKES DRIVE  
SUITE 1  
FT MYERS FL 33913

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11930 FAIRWAY LAKES DR

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DOCKERY, SAMUEL E  
STREET ADDRESS 11930 FAIRWAY LAKES DR  
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ DELETE  
NAME RACHFAL, KARL III  
STREET ADDRESS 346 BEACH AVE  
CITY-ST-ZIP ROCHESTER NY

TITLE D ☐ DELETE  
NAME SCOTT, MARTHA W  
STREET ADDRESS 2695 CRAIG ST  
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ DELETE  
NAME SCOTT, JAMES W JR  
STREET ADDRESS 2695 CRAIG ST  
CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

FT MYERS, FL 33913

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

17220-1 TERRAVERDE CIR.

FT MYERS, FL 33908

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

FT MYERS, FL 33916

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

FT MYERS, FL 33916

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 the receiver or trustee 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96

Date

941-768-5070

Daytime Phone #

CR2E034 (12/95)