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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 768229 (7)
1. Corporation Name
FAIRWAYS AT PAR FOUR CONDOMINIUMS ASSOCIATION, I NC.



Principal Place of Business: 4200 27TH CT SW NAPLES FL 33941-7579
Mailing Address: P.O. BOX 10579 NAPLES FL 34101-0579

3. Date Incorporated or Qualified: 05/02/1983
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

4. FEI Number: 59-2267494
5. Certificate of Status Desired:
6. Election Campaign Financing:
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BANTZ, THOMAS M.
4985 E. TAMiami TRAIL
NAPLES FL 33962

10. Name and Address of New Registered Agent
81 Name: Stephen P. Haert
82 Street Address: COLLIER FINANCIAL, INC.
83 4985 TAMiami TR E
84 City: NAPLES FL 85 Zip Code: 34113

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: [Signature] DATE: 3/29/97

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	TABBI, JOE	
STREET ADDRESS	19 MAIN STREET	
CITY-ST-ZIP	GENESE0 NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BAUMAN, BILL	
STREET ADDRESS	1813 BUTTONWOOD AVE.	
CITY-ST-ZIP	TOMS RIVER NJ	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DIAMANTIDES, GEORGE	
STREET ADDRESS	4268 27TH CT. SW 203	
CITY-ST-ZIP	NAPLES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MISHKO, JENNIE	
STREET ADDRESS	4238 27TH CT. S.W. #202	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DZUINESKI, RON	
STREET ADDRESS	PO BOX 0246	
CITY-ST-ZIP	PITTSBURGH NH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD NICK ARCH
3.3 STREET ADDRESS	4268 27 CT. S.W #104
3.4 CITY-ST-ZIP	NAPLES FL.
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPD JENNIE MISHKO
4.3 STREET ADDRESS	4238 27th Ct. S.W #202
4.4 CITY-ST-ZIP	NAPLES FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: [Signature] DATE: 941-774-1142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)