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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 768229

1. Corporation Name

FAIRWAYS AT PAR FOUR CONDOMINIUMS ASSOCIATION, I NC.

Principal Place of Business

4200 27TH CT SW
 NAPLES FL 34116
 US

Mailing Address

P.O. BOX 10579
 NAPLES FL 34101
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/02/1983

22 City & State

27 City & State

4. FEI Number
 59-2267494

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, STEPHEN P
 COLLIER FINANCIAL, INC
 4985 TAMIAMI TRAIL EAST
 NAPLES FL 34113

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME TD
 STREET ADDRESS TABBI, JOE
 CITY-ST-ZIP 19 MAIN STREET
 GENESEO NY

1.1 TITLE Change Addition
 1.2 NAME TD
 1.3 STREET ADDRESS Tabbi, Joe
 1.4 CITY-ST-ZIP 4266 27th Court SW #205
 Naples, FL 34116

TITLE DELETE
 NAME P
 STREET ADDRESS BAUMAN, BILL
 CITY-ST-ZIP 1813 BUTTONWOOD AVE.
 TOMS RIVER NJ

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME SD
 STREET ADDRESS ARCH, NICK
 CITY-ST-ZIP 4263 27TH CT SW, #104
 NAPLES FL

3.1 TITLE Change Addition
 3.2 NAME SD
 3.3 STREET ADDRESS Simoncie Thomas
 3.4 CITY-ST-ZIP 4287 27th Court SW #106
 Naples, FL 34116

TITLE DELETE
 NAME D
 STREET ADDRESS CAMERON, RICHARD
 CITY-ST-ZIP 34 FARHAM ROAD
 ROWLEY MA 01969

4.1 TITLE Change Addition
 4.2 NAME PD
 4.3 STREET ADDRESS Cameron, Richard
 4.4 CITY-ST-ZIP 174 State Street #3
 Newburyport, MA 01950

TITLE DELETE
 NAME VPD
 STREET ADDRESS MISHKO, JENNIE
 CITY-ST-ZIP 4238 27TH CT SW, #202
 NAPLES FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME D
 6.3 STREET ADDRESS Wilson Brian
 6.4 CITY-ST-ZIP 3291 Spruce Ave
 Burlington, Ontario Canada L7N 1J5

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98