

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90205 012 ****61.25

DOCUMENT # 768229

1. Entity Name

FAIRWAYS AT PAR FOUR CONDOMINIUMS ASSOCIATION, I

Principal Place of Business

**4200 27TH CT SW
 NAPLES FL 34116
 US**

Mailing Address

**P.O. BOX 10579
 NAPLES FL 34101-0579
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2267494

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **TABBI, JOE**
 STREET ADDRESS **4266 27 CT SW 205**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **THOMAS, SIMONCIC**
 STREET ADDRESS **4287 27 CT SW 106**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE **D** Change Addition
 NAME **Leo Emma**
 STREET ADDRESS **#246 27th Ct SW #201**
 CITY-ST-ZIP **Naples FL 34116**

TITLE **PD** Delete
 NAME **CAMERON, RICHARD**
 STREET ADDRESS **174 STATIC ST 3**
 CITY-ST-ZIP **NEWBURYPOTR MA 01950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WILSON, BRIAN**
 STREET ADDRESS **3291 SPRUCE AVE**
 CITY-ST-ZIP **BURLINGTON ONTARIO CA L7-N1J5**

TITLE **SD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Carol Sansone**
 STREET ADDRESS **107 melbase**
 CITY-ST-ZIP **Milford CT 06460**

12. I 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 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 617, 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:

Stephen P Hart
STEPHEN P HART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #