

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **768232** (1)  
1. Corporation Name  
**FAIRWAYS AT PAR TWO CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business Mailing Address  
**P.O. BOX 10249 NAPLES FL 33941-0249** **P.O. BOX 10249 NAPLES FL 33941-0249**

3. Date Incorporated or Qualified **05/02/1983** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-2380343</b>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent  
**BANTZ, THOMAS M  
4985 E TAMIAMI TRL  
NAPLES FL 33962**

10. Name and Address of New/Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSO, WM F</b>	1.2 NAME	<b>CHARLES-RUDDOCK</b>
STREET ADDRESS	<b>4372 27TH CT SW</b>	1.3 STREET ADDRESS	<b>53-FAIRVIEW-AVENUE</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	<b>PEABODY--MA--01960-</b>
TITLE	<b>TS</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZAPPALA, JOE</b>	2.2 NAME	<b>MARIE A MCCARTHY</b>
STREET ADDRESS	<b>4309 27TH COURT S.W., #20-101</b>	2.3 STREET ADDRESS	<b>4306 27th CT SW #101</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	<b>NAPLES FLORIDA 33999</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LIBBY, FRANK</b>	3.2 NAME	<b>PAULINE DIAMANTIDES</b>
STREET ADDRESS	<b>4288 27TH CT SW</b>	3.3 STREET ADDRESS	<b>4306 27th CT SW #206</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	<b>NAPLES FLORIDA 33999</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUDDOCK, CHARLES</b>	4.2 NAME	
STREET ADDRESS	<b>4326 27TH CT SW</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>CORNEKIUS MAHONEY</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>4326 27th CT SW #201</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>NAPLES FLORIDA 33999</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles P. Cannon Date: 4-12-96 Daytime Phone #: 1941-774-1142

CR2E037 (12/95)