

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. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2380343	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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