

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768232** (1)  
1. Corporation Name  
**FAIRWAYS AT PAR TWO CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>P.O. BOX 10249 NAPLES FL 33941-0249</b>	Mailing Address <b>P.O. BOX 10249 NAPLES FL 34101-0249</b>
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3. Date Incorporated or Qualified <b>05/02/1983</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>59-2380343</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

9. Name and Address of Current Registered Agent  
**BANTZ, THOMAS M  
4985 E TAMiami TRl  
NAPLES FL 33982**

10. Name and Address of New Registered Agent  
81 Name **STEPHAN P. HART**  
82 Street Address (P.O. Box Number Is Not Acceptable)  
**COLLIER FINANCIAL, INC  
4985 E. TAMiami TRl**  
83 City **NAPLES** FL 84 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 *Stephan P. Hart* DATE **3/29/97**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>MARIE A. MCCARTHY</b>	
STREET ADDRESS	<b>4306 27TH CT SW #101</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>PAULINE DIAMANTIDES</b>	
STREET ADDRESS	<b>4306 27TH CT SW #206</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CORNELIUS MAHONEY</b>	
STREET ADDRESS	<b>4326 27TH CT SW #201</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>RUDDOCK, CHARLES</b>	
STREET ADDRESS	<b>4326 27TH CT SW</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PAULINE DIAMANTIDES</b>	
2.3 STREET ADDRESS	<b>4306 27TH CT S.W. #206</b>	
2.4 CITY - ST - ZIP	<b>NAPLES FL</b>	
3.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CORNELIUS MAHONEY</b>	
3.3 STREET ADDRESS	<b>4326 27TH CT. S.W. #201</b>	
3.4 CITY - ST - ZIP	<b>NAPLES FL</b>	
4.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CHARLES RUDDOCK</b>	
4.3 STREET ADDRESS	<b>4326 27TH CT. S.W. #204</b>	
4.4 CITY - ST - ZIP	<b>NAPLES FL</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>TED SCHORR</b>	
5.3 STREET ADDRESS	<b>4315 27TH CT S.W #202</b>	
5.4 CITY - ST - ZIP	<b>NAPLES FL</b>	
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 *Cornelius J. Mahoney* DATE **4/1/97** DAYTIME PHONE # **941-774-1142**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)