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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 P.O. BOX 10249 NAPLES FL 33941-0249	Mailing Address P.O. BOX 10249 NAPLES FL 34101-0249
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3. Date Incorporated or Qualified 05/02/1983	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2380343	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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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
83
4985 E. TAMiami TRl
84 City
NAPLES FL 85 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	MARIE A. MCCARTHY	
STREET ADDRESS	4306 27TH CT SW #101	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PAULINE DIAMANTIDES	
STREET ADDRESS	4306 27TH CT SW #206	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORNELIUS MAHONEY	
STREET ADDRESS	4326 27TH CT SW #201	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUDDOCK, CHARLES	
STREET ADDRESS	4326 27TH CT SW	
CITY-ST-ZIP	NAPLES FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAULINE DIAMANTIDES	
2.3 STREET ADDRESS	4306 27TH CT S.W. #206	
2.4 CITY-ST-ZIP	NAPLES FL	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CORNELIUS MAHONEY	
3.3 STREET ADDRESS	4326 27TH CT S.W. #201	
3.4 CITY-ST-ZIP	NAPLES FL	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CHARLES RUDDOCK	
4.3 STREET ADDRESS	4326 27TH CT S.W. #204	
4.4 CITY-ST-ZIP	NAPLES FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TED SCHORR	
5.3 STREET ADDRESS	4315 27TH CT S.W. #202	
5.4 CITY-ST-ZIP	NAPLES FL	
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)